

**State of Hawai'i
Department of Health
Alcohol and Drug Abuse Division**

Request for Proposals

RFP Number: HTH 440-2

RFP Title:
Substance Abuse Prevention Services

Contract Period: SFY 2005-2008
(July 1, 2005 through June 30, 2008)

Issued October 12, 2004

Submittal Deadline January 14, 2005

<u>Sub-Category</u>	<u>Service Description</u>
440-2-10	Youth Substance Abuse Prevention Community Partnerships

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each APPLICANT must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an RFP Interest form may be downloaded to your computer, completed, and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

**DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION
PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET**

IMPORTANT INFORMATION

**ONE ORIGINAL AND THREE COPIES OF THE PROPOSAL
ARE REQUIRED.**

**ALL MAIL-INS MUST BE POSTMARKED BY USPS BEFORE 12:00
MIDNIGHT, JANUARY 14, 2005.**

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE KAPOLEI SITE
UNTIL 4:00 PM, JANUARY 14, 2005.**

All Mail-ins and Hand Deliveries
Department of Health
Alcohol and Drug Abuse Division
Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

DOH RFP COORDINATOR
Naomi Yamamoto, Secretary
Alcohol and Drug Abuse Division
Program Development Services Office
Phone: (808) 692-7517

**BE ADVISED: All mail-ins postmarked by USPS after 12:00
midnight, January 14, 2005 will not be accepted
for review and will be returned.**

**Hand deliveries will not be accepted after 4:00
p.m., January 14, 2005.**

**Deliveries by private mail services such as FedEx
shall be considered hand deliveries and will not
be accepted if received after 4:00 p.m., January
14, 2005.**

**DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
YOUTH SUBSTANCE ABUSE PREVENTION COMMUNITY
PARTNERSHIPS HTH 440-2-10**

The Department of Health, Alcohol and Drug Abuse Division, is requesting proposals from qualified applicants to plan and provide evidence-based substance abuse prevention services to youth ages 12-17 through community partnerships:

FUNDING:	<u>TOTAL AMOUNT</u>	<u>FISCAL YEAR</u>
	\$577,000	July 1, 2005 – June 30, 2006
	\$577,000	July 1, 2006 – June 30, 2007
	\$577,000	July 1, 2007 – June 30, 2008

CONTRACT TERM: Contracts will commence on or about July 1, 2005 and extend for variable terms through June 30, 2008. Multiple contracts may be awarded under this RFP.

APPLICATION DEADLINE: Proposals must be postmarked before 12:00 midnight, January 14, 2005 or hand delivered by 4:00 PM, Hawaii Standard Time (HST) January 14, 2005 at the drop sites designated on the following page.

Proposals postmarked after 12:00 midnight on January 14, 2005 or hand delivered after 4:00 PM, HST on January 14, 2005 will not be accepted for review and will be returned to the applicants.

APPLICANT ORIENTATION TO RFP:

Date: October 20, 2004
Time: 9:00 a.m. to 12 noon (HST)
Location: 601 Kamokila Boulevard., Rooms 111A and B, Kapolei, Hawaii

QUESTIONS: Written questions shall be submitted to the contact person below. Written question submissions must be postmarked before November 22, 2004. All written questions will receive a written response from the State by December 3, 2004.

CONTACT PERSON FOR INQUIRIES: Virginia Jackson, Head
Program Development Services Office
Alcohol and Drug Abuse Division
Department of Health
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707
Tel. (808) 692-7517

STATE PROCUREMENT OFFICE (SPO)

Health and Human Service Website Reference

(Documents and Information about Planning, Procurement, and Contracting
For Health and Human Services, Pursuant to Chapter 103F, HRS)

<http://www.state.hi.us/icsd/dags/spo.html>

Click on *Health and Human Services*

This is a listing of SPO's documents and other information provided at this website.

Contact

Should you have any questions, please contact:

Mara Smith at 808.587.4704 or mara_smith@exec.state.hi.us

Application of Chapter 103F, HRS, Purchases of Health and Human Services

Chapter 103F applies to all contracts made by State Agencies to provide health and human services to Hawaii Residents.

Definition of Health and Human Services

Services to communities, families, or individuals which are intended to maintain or improve health or social well-being through methods including, but not limited to:

- a) Assessment, treatment, diagnosis, prevention, and education services provided directly to a targeted clientele; or
- b) Insurance coverage for assessment, treatment, diagnosis, prevention, and education services to be provided to a targeted clientele.

Purpose

- To improve the State's process of disbursing funds for health and human services by providing a single public procurement policy. These improvements have resulted in a standardized procurement process for both the State and private providers to use.
- To optimize information-sharing, planning and service delivery efforts. Limited resources can be used more efficiently and cost effectively, thereby allowing more time and attention on planning and delivery of services.

SPO mailing address:
State Procurement Office
1151 Punchbowl St., #230A
Honolulu, HI 96813
Fax: 808.587.4703

COMPETITIVE POS

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SECTION 1:

ADMINISTRATIVE OVERVIEW

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, POS Proposal Application--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Alcohol and Drug Abuse Division

Department of Health, State of Hawaii
Kakuhihewa Building,
601 Kamokila Blvd., Room 360
Kapolei, Hawaii 96707
Phone: (808) 692-7517 Fax: (808) 692-7521

IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	October 12, 2004
Distribution of RFP	Oct. 12 – Jan. 14, 2005
RFP orientation session	Oct. 20, 2004
Closing date for submission of written questions for written responses	December 31, 2004
State purchasing agency's response to applicants' written questions	January 7, 2005
Discussions with applicant prior to proposal submittal deadline (optional)	December 31, 2004
Proposal submittal deadline	January 14, 2005
Register of Proposals	January 21, 2005
Proposal evaluation period	Mid-Jan. 2005 – Mar. 2005
Final revised proposals (as needed)	Late Jan. – Feb. 2005
Provider selection and award	March - April 2005
Notice of Statement of Findings and Decisions to applicants	March –April 2005
Protest and Request for Reconsideration (as needed)	Late Mar. – Early May 2005
Contract development	March – Mid May 2005
Contract mailed to provider for signature	On or about May 16, 2005
Contract executed	On or about June 24, 2005
Contract start date	July 1, 2005 or upon Notice to Proceed

V. Orientation

An orientation for applicants in reference to the request for proposals will be held on October 20, 2004 from 9:00 A.M. to 12:00 Noon, at Kakuhihewa Building, 601 Kamokila Boulevard, Rooms 111A/B, Kapolei, Hawaii. Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any orientation questions should be submitted in writing following the close of the orientation, but no later than 4:00 PM, H.S.T., on October 27, 2004 in order to generate a written state purchasing agency response.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. The deadline for submission of written questions is 12:00 midnight H.S.T., on December 31, 2004. All written questions will receive a written response from the state purchasing agency. State purchasing agency responses to applicants' written questions will be sent by January 7, 2005.

VII. Submission of Proposals

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency. Proposals must contain the following components:

- (1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** - Applicant shall submit comprehensive narratives that address all of the issues contained in the POS Proposal Application, including a cost proposal/budget. (Refer to Section 3 of this RFP.)
- (2) ***Competitive POS Application Check List*** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.
- (3) ***Registration Form (SPO-H-100A)*** – If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at:
<http://www.state.hi.us/icsd/dags/spo.html> (Click on “Health and Human Services.” Then, click on “The Registered List of Providers for Use with the Competitive Method of Procurement”) or call the State Procurement Office at 587-4706.
- (4) ***Certifications*** - Federal and/or State certifications, as applicable.
- (5) ***Program Specific Requirements*** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the POS Proposal Application, as applicable.

Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are **not** accepted and an applicant submits alternate proposals but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One (1) original and three (3) copies of the proposal are required. Proposals must be postmarked or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected.

VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted

without discussions, in accordance with the administrative rules.

IX. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

X. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XI. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIII. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XIV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XV. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized).

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)
- (2) Rejection for inadequate accounting system. (Section 3-141-202)
- (3) Late proposals (Section 3-143-603)
- (4) Inadequate response to request for proposals (Section 3-143-609)
- (5) Proposal not responsive (Section 3-143-610 (1))
- (6) Applicant not responsible (Section 3-143-610 (2))

XVI. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XVII. Notice of Award

A Notice of Award containing a statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

XVIII. Protests

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office available on the State Procurement Office website whose address is on the Competitive POS Application Checklist located in the Attachments section of this RFP) against the awarding of the contract as long as an original and two

(2) copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. Protests regarding awards of contracts and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. Only the following matters may be protested:

- (1) a state purchasing agency's failure to follow procedures established by Chapter 37 of the Hawaii Revised Statutes;
- (2) a state purchasing agency's failure to follow any rule established by Chapter 37 of the Hawaii Revised Statutes; and
- (3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome Leinaala Fukino, M.D.	Name: Ann Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378, Honolulu HI 96801	Mailing Address: P.O. Box 3378, Honolulu, HI 96801
Business Address: 1250 Punchbowl St., Honolulu, HI 96813	Business Address: 1250 Punchbowl St., Honolulu, HI 96813

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 103F, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

The Alcohol and Drug Abuse Division's services contracts shall be for one (1) or two (2) years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services.

Contracts may be multi-term and may be extended upon mutual agreement for up to five (5) additional twelve (12) month periods up to a maximum of six (6) years. Option for renewal or extension shall be based on the satisfactory performance of the contracted service(s) and the availability of funds.

XX. Criteria by Which the Performance of the Contract Will be Monitored and

Evaluated

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) **Performance/Outcome Measures**
For example, did the contractor satisfactorily meet its short-term outcomes and/or performance objectives as indicated by the quarterly/annual report and was the contractor effective in reducing risk factors or strengthening protective factors among the participants served by the program as measured by variance data in the Year-end Report?
- (2) **Output Measures**
For example, did the contractor satisfactorily meet its output measures, i.e., did the contractor serve the specified number of persons, conduct the required frequency of duration of the program, and fully utilize the contract funding?
- (3) **Quality of Care/Quality of Services**
For example, did the contractor meet established standards for the quality and delivery of services as delineated in the Scope of Services and as evaluated through the Contract Monitoring Report and the contractor's Corrective Action Plan (CAP)?
- (4) **Financial Management**
For example, did the contractor expend funds in accordance with the Generally Accepted Accounting Principles (GAAP) and have an adequate internal control system? Did the contractor submit the required fiscal reports and responses to any Corrective Action Plan (CAP) in a timely manner?
- (5) **Administrative Requirements**
For example, does the contractor have sound administrative policies and procedures as evaluated by the Policy and Procedures section of the Contract Monitoring Report?

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are contained in the POS Manual. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

The Alcohol and Drug Abuse Division may also be required to make small or major modifications to individual contracts that it is unable to anticipate now. Reasons for such modifications may include, but not be limited to, Federal Health Insurance Portability and Accountability Act (HIPAA) regulations, Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant requirements, and best practices for substance abuse prevention.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

The Alcohol and Drug Abuse Division may change the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

SECTION 2:

**SERVICE
SPECIFICATIONS**

Section 2 Service Specifications

Youth Substance Abuse Prevention Community Partnerships

I. Introduction

A. Overview, Purpose or Need



OVERVIEW. The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. ADAD plans, coordinates, provides technical assistance, conducts needs assessments, and establishes mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible. ADAD is also the designated single state agency to apply for and expend federal substance abuse funds administered under the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Enforcing Underage Drinking Laws Grant.

Substance abuse services are mandated by Chapter 321, HRS which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities, and Chapter 334, HRS which requires that the State provide a “comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse....”

Through a cooperative agreement with the federal government, the Office of the Governor directed ADAD in 2001 to implement a **State Incentive Grant (“SIG”)** to combat substance abuse among youth in Hawaii. ADAD and the Hawaii Substance Abuse Prevention Advisory Committee (HSAPAC) were charged with the responsibility of developing a state strategy to guide Hawaii’s youth substance abuse prevention efforts. The resulting *Hawaii Youth Substance Abuse Prevention Strategy* charts ways in which state agencies, county government, and local communities can work together to coordinate resources and services, expand prevention programs at the community level, and build and improve the quality of prevention programs throughout the State. The Strategy sets forth two goals:

- 1) To coordinate, leverage, and redirect substance abuse prevention funds in Hawaii,
- 2) To develop a comprehensive prevention strategy aimed at:
 - Filling gaps in community prevention services,
 - Reducing alcohol and drug use by youth, and
 - Implementing prevention approaches based on sound, scientific research findings.

In 2004, ADAD began the strategic process of moving vision to practice in partnership with community stakeholders. ADAD will provide the requisite leadership, technical support and monitoring to ensure that communities funded through this RFP are successful in implementing the five steps of a Strategic Prevention Framework: Assessment, Capacity, Planning, Implementation, and Evaluation. Together ADAD and communities will build on existing infrastructure and activities, where appropriate.

NOTE: This Request for Proposal (RFP) uses web-based material to assist APPLICANTS. The  (computer) symbol indicates a web-based resource that is imperative to preparation of the APPLICANT'S proposal. A  (hammer/wrench) symbol indicates tools which provide additional information or guidance.

SOME IMPORTANT CONCEPTS

APPLICANTS should be aware of several important prevention concepts that are central to the *Hawaii Youth Substance Abuse Prevention Strategy* and this Request for Proposals (RFP).

PREVENTION DOMAINS are the areas of influence in a person's life in which a risk factor or a prevention opportunity may occur. This RFP is concerned with risk factors and prevention activities in four domains: 1) the individual youth and his/her peers, 2) the family, 3) the school, and 4) the community.


Prevention strategies and services funded by this RFP may impact individual youth, their family, their school, or their community. ADAD seeks to fund evidence-based programs in those prevention domains that address risk factors or protective factors that have been identified by the community through its needs assessment and planning process. The Applicant Guide, Section 5, Attachment F, Part Six provides a discussion of prevention principles in each of these domains.

COMMUNITY PREVENTION PARTNERSHIPS are individuals and organizations that have agreed to work together to plan and implement community prevention. Non-profit service providers, faith-based


organizations, civic organizations, public and private schools, county government agencies, parents, youth, businesses, and other community resources all have unique insights and capabilities that can be used to help keep youth alcohol and drug free. This RFP will fund a single Lead Organization, but it is anticipated that activities will be operated by a broad range of community members and that funds may be sub-contracted among Partner Organizations as appropriate to local needs and local planning. In developing a community response to the RFP, the Lead Organization, as the APPLICANT, will provide the opportunity and resources to help community partnerships organize, develop their leadership, plan, and implement programs in the community.

APPLICANTS should bear in mind that community partnerships are not merely an alliance of service providers. APPLICANTS shall identify in their proposal the resources each partner brings to the partnership. The proposal shall include letters of intent from each partner specifying commitment to the planning process and program implementation, as well as listing unique perspectives and activities that the partner will contribute to the goal of reducing youth substance use in the community.


COMMUNITY-BASED PLANNING: APPLICANTS shall describe in their proposal the extent of substance abuse among their youth, specific risk and protective factors identified in their community, and existing services and service gaps. The APPLICANT'S proposal shall use existing data to support its need for funding through this RFP and to demonstrate its readiness to participate in developing and implementing a community-based plan.

 APPLICANTS may download community-specific reports that will provide a starting point for describing the local community and its needs:


- *Community Profile* from www.uhfamily.hawaii.edu
- Substance Abuse Incidence and Prevalence findings from the 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey at <http://www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2002/2002executivesummary.pdf>.
- **RISK AND PROTECTIVE FACTORS** are those characteristics of people, families, schools, or a community's environment that affect the likelihood of alcohol, tobacco, marijuana, and other drug use. Risk factors do not cause substance abuse, but research has shown that these factors increase the likelihood that young people will use alcohol, tobacco, or other drugs. Protective factors are those psychological, behavioral, family, and social characteristics that can insulate children and youth from the effects of risk factors that are present in their environment. Unique to the risk/protective factor approach is the belief that no single predictor can account


for large proportions of variance in substance use. Rather, adolescents' vulnerability to the use and abuse of various substances is a function of the accumulation of multiple risk factors (Newcomb, 1995)  APPLICANTS may download a community-specific report of risk and protective factor findings from the 2002 *Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey* at www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2002/substance-abuse/study/community2003/index.html.

EVIDENCE-BASED PRACTICES are prevention approaches that have been shown to work by sound scientific evaluation. There has been extensive research in recent years about what works and what does not work in substance abuse prevention. ADAD is committed to funding evidence-based practices, that is, strategies, prevention actions, and products that have been evaluated and have been shown to have an effect on actual substance use, norms related to use, or specific risk factors that have been linked to substance use. Evidence-based practices are sometimes referred to as “promising,” “effective” or “model” programs.

 For information on the levels of scientific rigor used to assess prevention programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), go to www.modelprograms.samhsa.gov.

ADAD is requiring Community Partnerships, through the planning process, to select evidence-based prevention programs which are described as “Model Programs.”

 An alphabetical listing of model programs is available at the Western Center for the Application of Prevention Technology (WestCAPT) website <http://casat.unr.edu/westcapt/bestpractices/alpha-list.php>.

 A tool for matching evidence-based practices with identified needs is available on the WestCAPT site at <http://casat.unr.edu/westcapt/bestpractices/search.php>.

PROGRAM OUTCOMES are specific statements of the positive changes that are expected from each prevention program. APPLICANTS for funding must define specific and measurable outcomes describing how the youth, families, or communities served by the proposed program will be changed for the better as a result of direct participation in the program or the program's impact.

CULTURE AND GENDER SENSITIVITY: This RFP provides an opportunity for communities to address the diverse needs of youth by developing culturally appropriate prevention strategies. Girls and boys face different risks and may require different approaches and strategies.

This RFP provides an opportunity for local communities to develop gender specific strategies specific to the needs of local youth.

Further information on these principles and other important prevention concepts is provided in the Applicant Guide in Section 5, Attachment F of this RFP.

PURPOSE OR NEED. Planning activities related to this RFP included analysis of the *2000* and *2002 Hawaii Student Alcohol and Drug Use Survey* and *Community Profiles* (products of the University of Hawaii), consultation with representatives of State and county government agencies administering prevention services, representatives of the Hawaii Substance Abuse Prevention Advisory Committee (“HSAPAC”), the Prevention Ad Hoc Committee appointed by Lt. Governor James Aiona to develop action plans as part of the Hawaii Drug Control Strategy, and non-profit prevention service providers.

The use of alcohol and other drugs by children and youth is a serious problem both nationally and in Hawaii. Alcohol and other drug use by our youth is often accompanied by academic failure; a high rate of school drop-out; injury, violence, gang involvement, or early sexual activity with increased probabilities of teen pregnancy or AIDS. The Youth Substance Abuse Prevention Community Partnerships funded through this RFP are intended to further the goals of the State strategy by supporting communities in reducing youth substance abuse and self destructive behavior by expanding prevention services and modeling prevention Best Practices.


Findings from the *2002 Hawaii Student Alcohol, Tobacco, and Other Drug (ATOD) Use Survey* of more than 27,000 students in public and private schools throughout Hawaii indicate that lifetime prevalence reports of illicit drug use for all grade levels are, in most cases, substantially lower in Hawaii than nationwide. The exceptions are for ecstasy/MDMA and Rohypnol, which have prevalence reports similar to nationwide reports.

Among youth in Hawaii, as well as nationwide, the use of alcohol and tobacco are the most likely to be initiated at an early age, with inhalants and marijuana likely to come next. By as early as the eighth grade 29.9% of students responding to the *2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey* reported using alcohol by the time they were 12 years old; 10.5% had tried tobacco, 9.1% had tried inhalants, and 15.9% had used marijuana. Sixth graders reported that by the age of nine, 9.4% had used alcohol and 5.5% had smoked their first cigarette. Nearly 1% of sixth graders said they smoked regularly. At least 1 out of 10 students in the eighth, tenth, and twelfth grades reported that they had been drunk by age 13 (15%, 13%, and 10%, respectively).

The *2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey* examined risk factors that are known to predict increased likelihood of substance abuse among individual students, their families, their schools, and their communities, as well as, corresponding protective factors which have been shown to moderate the impact of risk factors by improving coping, adaptation, and competence. A summary of the findings follows.

- Within the **community domain**, the best risk predictors were exposure to community ATOD use, laws and norms favorable to ATOD use, perceived availability of drugs and handguns, and ability to purchase alcohol and tobacco. Each of these community risk factors alone accounted for as much as 19% of the variance. Low neighborhood attachment, community disorganization, and transition and mobility were each significant predictors, but accounted for variance.
- Within the **family domain**, the best risk factor predictors were lack of parental sanctions for anti-social behaviors, parental attitudes favorable toward ATOD use, exposure to family ATOD use, parental attitudes favorable toward anti-social behavior, and family history of anti-social behavior. Each of these family risk factors alone accounted for as much as 13% of the variance. Poor family supervision and family conflict were each significant predictors, but accounted for slightly less variance.
- Within the **school domain**, low school commitment accounted for more variance than poor academic performance. For instance, low school commitment accounted for 8% of the variance in number of drugs used in a student's lifetime, whereas poor academic performance only accounted for 2% of the variances.
- Most of the risk factors within the **peer-individual domain** accounted for at least 16% of the variance in substance use and the occurrence of anti-social behaviors. Early initiation of problem behaviors was the strongest predictor of substance use and anti-social occurrence, with correlations as high as .62. Low perceived ATOD use risk and depression each accounted for only about 2% of the variance.
- **Protective factors** in each of the four domains typically accounted for much less variance than the risk factors, with correlations often less than -.20. Low correlations for protective factors, however, are expected because these variables are presumed to "buffer" the effects of risk factors on substance use and problem behaviors, rather than have direct effects on substance use and problem

behaviors. The two best protective factor predictors were peer disapproval of ATOD use and belief in the moral order.

 Details of the findings from the *2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey* are available online at www.hawaii.gov/health. For the *Executive Summary*, mouse down to “Substance Abuse” and click on “Alcohol, Tobacco and Drug Use Survey,” on the pop-out menu, then click on the second bullet. For *Community Reports* mouse down to “Substance Abuse,” click on “Prevention and Treatment” on the pop-out menu, then click on “Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey.” *Community Profiles* are available online at www.uhfamily.hawaii.edu. Click on “Community Profiles.” A comprehensive collection of data and information on Hawaii’s children and families is also available on the same website by clicking the link to the “Data Center.” ✕ The “Data Center” site offers interactive searches allowing communities to produce customized reports.

While modest strides have been made, the continued pervasiveness of drug and alcohol use among youth in Hawaii demands an increase in prevention services for youth and their families and an increased effort to mobilize schools and other community institutions. This RFP addresses this need by soliciting Youth Substance Abuse Prevention Community Partnerships to mobilize local community planning for prevention and provide a broad range of scientifically valid prevention approaches at the community level.

B. Description of the goals of the service


ADAD is committed to the development of a statewide strategic prevention framework that includes within its infrastructure building the capacity of community partnerships to make a lasting effect in preventing substance use and abuse among local youth. ADAD intends to provide funding and technical assistance to foster local ownership of this youth substance abuse prevention partnerships initiative. Technical assistance will be directed toward:


- Development of a more comprehensive approach to prevention
- Collaboration between local organizations, schools, and businesses
- Implementation of evidence-based programs
- Utilization of prevention research and evaluation data.

A requirement to receive such assistance is for community partnerships to oversee evidence-based youth substance abuse prevention programs and coordinate funding with other substance-abuse related prevention resources and funding sources. The overall goal for communities funded through this RFP is to reduce drug and alcohol use by youth by mobilizing individuals and organizations in local communities, improving local

planning for prevention, filling gaps in community prevention services and implementing prevention approaches in local communities that are based on sound, scientific research findings which have demonstrated a reduction of the risk factors or an enhancement of the protective factors identified within the community.

✕For planning purposes, Hawaii has been divided into forty-two (42) local communities as defined by the enrollment areas of high school complexes (the local high school and its elementary and middle feeder schools). A list of these communities is given in Attachment F, Applicant Guide, Part One.

 Communities responding to this RFP are encouraged to utilize web-based tools to assess the community's preparedness to begin prevention work. At no cost, APPLICANTS may become registered users of the Substance Abuse and Mental Health Administration's (SAMHSA) **Prevention Platform** and use its tools to measure readiness and to develop strategic community substance abuse prevention plans. The Prevention Platform may be accessed by going to www.samhsa.gov and clicking on "Strategic Prevention Framework" and then "Prevention Platform." Registration is optional and APPLICANTS can always use the site as an informational resource without registering or logging in. Registration is required, however, to benefit from the interactive features and to enjoy the benefit of saving your work and producing customized reports from it.

 It is required that APPLICANTS responding to this RFP first complete SAMHSA's Center for Substance Abuse Prevention's (CSAP) **Prevention Readiness Tool** provided on SAMHSA's Prevention Platform website. The Prevention Readiness Tool is designed to assist the APPLICANT and the APPLICANT'S community group in assessing the community's readiness to plan and implement a successful prevention program. The Prevention Readiness Tool asks the community to answer questions related to five dimensions of readiness corresponding to the steps of SAMHSA's Strategic Prevention Framework:

- Assessment - determining your prevention needs
- Capacity - improving your capabilities
- Planning - developing a strategic plan
- Implementation - putting your plan into action
- Evaluation - documenting the outcomes of your work.

After the community has answered a set of questions for each of the steps, a **Readiness Roadmap** offers feedback based on answers given and recommends next steps.

Successful APPLICANTS shall be expected to determine the community's substance abuse prevention needs, establish a Community Partnership for planning and program implementation, develop a strategic plan for addressing identified needs, implement the plan using evidence-based prevention programs and practices, and evaluate outcomes. Due to the high percentage of alcohol use among Hawaii youth, underage drinking must be addressed in each planning step. Parent involvement must also be included in planning and implementation stages.

✕ CSAP's Western Center for the Application of Prevention Technology's (WestCAPT) website: <http://casat.unr.edu/bestpractices>, offers additional guidance in completing these steps. Communities may opt to utilize a best practice planning system, such as *Communities That Care*®, as long as the steps of the Strategic Prevention Framework are addressed and there are sufficient funds in the APPLICANT'S budget to cover the cost of training and materials. A description of *Communities That Care*® may be found in Attachment F, Applicant Guide, Part ____.

Technical assistance will be arranged by ADAD through WestCAPT to assist the community in assessing its prevention needs and determining the appropriate focus of a prevention project that is culturally- and age-appropriate and targets the reduction of risks and an increase in protective assets. The following goals shall be fundamental to the planning process:

Goal 1. Communities will combat the use of alcohol, tobacco, marijuana and other drugs among youth by coordinating, leveraging, and redirecting substance abuse prevention resources in order to identify gaps in services in the Community and to fill those gaps with sound, evidence-based prevention programs.

Objectives:



- (1) To develop, as an element of the Community's comprehensive prevention strategy, an assessment of resource allocation and recommendations for reallocation which will identify and assess all substance abuse prevention funding streams and resources in the Community.
- (2) To develop a systematic approach to coordinating and leveraging resources and targeting families, schools, communities, and workplaces by establishing a community-wide partnership.
- (3) To develop a comprehensive prevention strategy containing specific action steps that will detail a systematic approach for redirecting, to the extent possible, public and private funds in accordance with a Community strategy to fill gaps in services with sound prevention programs.
- (4) To develop a systematic approach for:
 - Developing community profiles that identify risk and

protective factors, resource, and resource gaps in the community.

- Selecting community organizations that will fill gaps in services with evidence-based prevention programs.
- Organizing capacity building workshops and training sessions to equip the Community with the necessary knowledge of and skills for risk and protective factors model; evidence-based programming; the use of community profiles as an assessment and planning tool, and data collection and evaluation techniques.

Goal 2: The Community will develop a comprehensive strategy that includes a range of scientifically valid prevention approaches capable of being implemented to reduce drug use among youth in communities throughout the state.

Objectives:

- (1) To compile information from existing needs assessment studies, school surveys, and other social indicator data into a **Community Profile** identifying the extent of drug use and abuse among 11-16 year olds in the Community and serving as one of the empirical bases for the development of prevention strategies in the Community. The sources listed after the  symbol in Section 2, I., A. provide APPLICANTS with substance abuse prevalence and community risk factor information.
- (2) To compile an inventory of evidence-based prevention programs, particularly of those sensitive to and capable of including the culture, traditions, and values of the Community. A list of evidence-based programs is listed in Attachment F, Applicant Guide, Part Five.  A brief description of each program may be obtained online at www.open.org/~westcapt/bestprac.htm (click on “Alphabetical Listing of Best and Promising Programs.”)
- (3) To disseminate information to the Community on evidence-based approaches to drug prevention through capacity building workshops and training sessions, electronic communication, print formats, the media, and other means, and through a program of continuing training and technical assistance to Native Hawaiian Health Centers or organizations serving Native Hawaiians, and other community organizations.
- (4) To develop a Comprehensive Community Youth Substance Abuse Prevention Strategy that includes: (a) an assessment of resource allocation and recommendations for reallocation, and (b) action steps to meet needs and goals identified in the strategy.
- (5) To develop a comprehensive training and technical assistance plan to increase the knowledge, skills, and involvement of youth, parents/caregivers, families, schools, workplaces, and the

community at large in community-based prevention efforts.

The APPLICANT shall accomplish these outcomes by utilizing one or more of the six (6) Center for Substance Abuse Prevention (CSAP) strategies defined in Attachment F, Applicant Guide, Section 5, Part Nine.

C. Description of the target population to be served

The Institute of Medicine (IOM) prevention classification scheme is helpful in delineating target populations and understanding the differing objectives of various interventions. The IOM system classifies prevention interventions into three (3) categories: 1) **Universal**, 2) **Selected**, and 3) **Indicated**. Additional information about the IOM classifications is available in Attachment F, Applicant Guide, Section 5, Part Four.

The combination of risk and protective factors determines at-risk groups or individuals associated with alcohol and other drug problems.

The target population for services is youth between the ages of 11 and 16. Appropriate prevention services may target youth, their parents and families, and/or their schools and communities.

Of particular emphasis for this RFP are:

- Youth whose parents are substance abusers;
- Victims of physical, sexual, or psychological abuse;
- Youth who have experienced academic difficulties or chronic failure in school;
- Youth who have become pregnant or are at risk of becoming pregnant;
- Youth who are economically disadvantaged;
- Youth who have committed a violent or delinquent act;
- Youth who have experienced mental health problems;
- Youth who have attempted suicide.

Activities targeting youth shall be non-stigmatizing for the youth. In some cases, it may be necessary to provide service to an entire group of youth to avoid stigmatizing those who are at high risk. The Community Partnership shall utilize one or more of the six (6) Center for Substance Abuse Prevention (CSAP) strategies defined in Attachment F, Applicant Guide, Section 5, Part Nine.

D. Geographic coverage of service

Provided that there are an adequate number of responsive and responsible proposals submitted, ADAD intends to fund partnerships in approximately seven (7) high school complex communities statewide through this RFP as

follows: two (2) communities in the City and County of Honolulu; two (2) communities in the County of Maui; two (2) communities in the County of Hawaii; and one (1) community in the County of Kauai. For planning purposes, local communities are defined by the enrollment boundaries of the State's forty-two (42) public high schools.

✕ Attachment F, Applicant Guide, Section 5, Part One of this RFP provides a list of the 43 communities prioritized by the highest number of risk factors and least protection. A listing of schools in each high school complex community is given on the pages immediately following the maps.

The following criteria shall be used to determine priority communities for funding in each county:

- (1). The readiness of the community partnership to plan, manage, deliver, and evaluate prevention services.
- (2). Substantiated need as prioritized by:
 - The high number of risk factors existing in the community;
 - The low number of protective factors existing in the community;
 - The high percentage of youth ages 11-16 in need of substance abuse treatment; and
 - The high prevalence of youth ages 11-16 already reporting substance use.
- (3). Active involvement of at least two (2) 11-16 year old youth in the Partnership.
- (4). Active involvement by a Native Hawaiian Health Center or Native Hawaiian service organization in the Community Partnership.

Should communities at most risk fail to submit a proposal, ADAD reserves the right to fund the community with the next highest risk in each county.

Should an inadequate number of responsive and responsible proposals be submitted, or should sufficient monies be available to fund additional community partnerships, ADAD reserves the right to allocate funds to additional community partnerships in any county in accordance with the same criteria for prioritization.

E. Probable funding amounts, source, and period of availability

Total Funding: \$490,000 (7/1/05 – 06/30/06)*
 \$490,000 (7/1/06 – 06/30/07)*
 \$490,000 (7/1/07 – 06/30/08)*

The State anticipates funding each awarded community partnership at approximately \$70,000 per year for three years.

*Funding is contingent upon the availability of federal funds. The source of Federal funds is the Substance Abuse Prevention and Treatment Block Grant.

Only non-profit organizations are eligible for federal funds.

Native Hawaiian Health Centers and Native Hawaiian service organizations shall be given preference in meeting the federal set-aside requirements of the Substance Abuse Prevention and Treatment Block Grant. For each contract year, the funding amounts and federal Native Hawaiian set-aside requirements for each service area are as follows:

City and County of Honolulu (2 high school complex communities)	Suggested amount of \$70,000 of federal funds per community Of the suggested amount, at least \$37,5000 shall be spent for Native Hawaiians in each community
County of Maui (2 high school complex communities)	Suggested amount of \$70,000 of federal funds per community At least \$37,500 shall be spent for Native Hawaiians in each community
County of Hawaii (2 high school complex communities)	Suggested amount of \$70,000 of federal funds per community Of the suggested amount, at least \$37,500 shall be spent for Native Hawaiians in East Hawaii and at least \$37,500 shall be spent for Native Hawaiians in West Hawaii.
County of Kauai (1 high school complex community)	Suggested amount of \$70,000 of federal funds per community Of the suggested amount, at least \$37,500 shall be spent for Native Hawaiians

NOTE:

1. It is permitted to count the federal dollar more than once.
2. ADAD reserves the right to reallocate the above amounts to other funded organizations if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance, or underutilization of funds such that it appears the provider will not be able to expend all allocated funds by the end of each fiscal year. The criteria used for the reallocation of funds

shall be the same as the basis for the initial allocation of funds as specified in the RFP packet, Section 4, Proposal Evaluation.

3. A maximum of \$25,000 may be advanced for start-up costs for new programs, upon completion of an executed contract.
4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:
 - a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the APPLICANT.
 - b. Disallow all or part of the invoice submitted by the APPLICANT.
 - c. Suspend or terminate the contract.
5. The APPLICANT can submit to ADAD proposals for requested contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of each contract year, unless prior approval is given by ADAD.
6. In the event that additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

II. General Requirements

A. Specific requirements or qualifications, including but not limited to licensure or accreditation

1. The APPLICANT shall complete and submit the **Certifications and Assurances** contained in Attachment D of this RFP with its proposal.
2. If awarded the contract, the APPLICANT shall:
 - a. Arrange for a financial and compliance audit to be done and submitted to the Department as directed in accordance with "Government OMB Circular A-133" if the

APPLICANT expends \$500,000 or more in federal funds in a year.

- b. Provide their most recent Financial Audit when total agency funding, whether for more or less than \$300,000, is from multiple funding sources, whether or not such funds equal or exceed \$300,000.
- c. Comply with Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the State Procurement Office (SPO) website. (See Section 5, POS Proposal Checklist for the website address).
- d. Reconcile the amount of an advanced payment by month five of the first year of the contract should such an advancement occur.
- e. Refund to the STATE any funds unexpended or expended inappropriately.

B. Secondary Purchaser participation

- 1. ADAD does not plan to have any Secondary Purchases in conjunction with this RFP.
- 2. ADAD will allow after-the-fact Secondary Purchases.

C. Multiple or alternate proposals

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

☐ Single ☒ Multiple ☐ Single & Multiple

Each community that receives funding under this RFP will be awarded a separate contract.

E. Single or multi-term contracts to be awarded

☐ Single term (< 2 yrs.) ☒ Multi-term (>2 yrs.)

The initial period shall commence on the contract start date or the State's Notice to Proceed, whichever is later. Contracts will be awarded for a three-year period with funding for the second and third years contingent

upon satisfactory performance in the first year and second year respectively and availability of funds. Contractors shall be informed of contract renewals sixty (60) days before the end of each contract year.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP. **Contact Person:** Virginia Jackson at (808) 692-7517.

III. Scope of Work

NOTE: The term "APPLICANT" as used in this RFP refers to the Lead Organization in a proposed Youth Substance Abuse Prevention Community Partnership.

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

Successful proposals will be funded for up to three years based on the successful completion of each of three phases:

Phase One:

Communities shall develop a comprehensive **Community Youth Substance Abuse Prevention Strategic Plan** (Plan) using a community mobilization and planning process during the first six (6) to eight (8) months following contract execution. The Plan shall consist of a series of coordinated prevention services in response to youth substance use and abuse incidence and prevalence data, risk and protective factors, and service needs in the local community (Community) as identified through a community assessment.

The APPLICANT shall be required to use the logic model community planning process outlined in Attachment F, Applicant Guide, Part 11, Logic Model which is made a part of this RFP. APPLICANTS should also examine **Section 4, Proposal Evaluation** of this RFP which provides information on points to be addressed in the proposal and which will be taken into consideration by proposal evaluators.

The Community Partnership shall identify an evidence-based prevention program in accordance with the Plan and with a logic model showing the relationship among:

- Community assessment data
- Risk and protective factors to be addressed
- Prevention strategies to be used
- Outcomes, milestones, and objectives to be achieved, and
- Specific evidence-based program models to be used and methods to be employed.
- Appropriateness of the services to the developmental levels and cultures of the participants.
- Cost of acquiring the curriculum and the necessary training to implement it.

NOTE: A list of acceptable evidence-based Best Practice prevention programs at the CSAP Type 3, 4, or 5 level of scientific rigor is presented in Attachment F, Applicant Guide, Part Five. Programs that have already been piloted in Hawaii are indicated in boldface font. (Additional information on CSAP standards of scientific rigor is presented in Attachment F, Applicant Guide). Instructions for developing the Logic Model are provided in Attachment F, Applicant Guide, Part Eleven.

The following points shall be considered in selecting the evidence-based program:

- For each prevention strategy and service selected, the program shall serve an appropriate number of participants as determined by ADAD to be reasonable and cost effective.
- Sufficient funds shall be budgeted to acquire curricula, learning materials, and pre-service training required for the implementation of the selected prevention program.

The community mobilization and planning process shall be coordinated by a Lead Organization that will be the APPLICANT for funds and the recipient of an award through this RFP.

NOTE: Communities whose readiness level may necessitate a longer planning process than the six (6) to eight (8) months envisioned, may propose utilizing the *Communities That Care*® (CTC) planning system in Year One of the contract and begin implementing an evidence-based youth program in Year Two of the contract upon ADAD's approval of a written Youth Substance Abuse Prevention Community Action Plan (Plan) and Logic Model. Information on *Communities That Care*® is contained in Attachment F, Applicant Guide, Part Thirteen. While communities begin building their strategies through the CTC process, public/private community partners are encouraged to continue educational and alternative activities for youth and their parents or guardians as funds

allow.

Upon ADAD's approval of a community's strategic plan, funding will be provided for an additional twelve (12) months to implement and evaluate evidence-based programs that have been shown to reduce youth substance use and that fill gaps in community prevention services.

Phase Two:

Upon ADAD's approval of the APPLICANT'S written comprehensive Community Youth Substance Abuse Prevention Strategic Plan (Plan), the selected evidence-based program shall be implemented through the Lead Organization (APPLICANT) and Partner Organizations with whom the Lead Organization subcontracts.

The APPLICANT shall provide the evidence-based prevention services in response to the Plan using multiple strategies addressing substance abuse prevention needs among 11 to 16 year olds, their families, schools, or community. The evidence-based program shall be fully operational no later than July 1, 2006.

APPLICANTS shall also agree to participate in process and outcome evaluations as specified by ADAD. Should funds be available, ADAD plans to make evaluation technical assistance available to APPLICANTS, but APPLICANTS should budget sufficient time and funds to meet evaluation requirements as specified by ADAD.

Phase Three:

The contract may be extended for an additional twelve (12) months upon satisfactory demonstration that the program is meeting its anticipated outcomes and has been implemented with fidelity. The APPLICANT shall have complied with all terms of the contract, participated in program evaluation activities, and submitted necessary reports to ADAD. During Phase Three, the community shall demonstrate how it will sustain the program if ADAD funding was reduced or ceased to exist.

B. Management Requirements (Minimum and/or mandatory tasks and responsibilities)

1. Personnel

The APPLICANT is required to provide written acknowledgement agreeing to comply with the **Personnel Requirements** in Section 5, Attachment E-1 of this RFP.

2. Administrative

The APPLICANT is required to provide written acknowledgement agreeing to comply with the **Administrative Requirements** in Section 5, Attachment E-2 of this RFP.

3. Quality assurance and evaluation specifications

- a. The APPLICANT is required to provide written acknowledgement agreeing to comply with the **Quality Assurance and Evaluation Specifications** in Section 5, Attachment E-3.
- b. The APPLICANT shall cooperate with ADAD to develop, an internal quality assurance process to monitor services provided through this RFP.
- c. The APPLICANT is required to participate in an outcome evaluation of the services that they provide and a process evaluation of their activities as a Youth Substance Abuse Prevention Community Partnership.
- d. At a minimum, all funded APPLICANTS shall:
 - 1) Collect and submit data on the services provided, CSAP strategies used, target population, and number of persons served using the ADAD management information system;
 - 2) Collect and submit data on program outcomes achieved using ADAD reporting forms and outcome measurement instruments determined by ADAD;
 - 3) Participate in interviews or other data collection activities with project evaluators; and
 - 4) Participate in other evaluation activities as specified by ADAD.

4. Output and performance/outcome measurements

NOTE: Because of federal Performance Partnership requirements or as a result of a change in ADAD's prevention Management Information System, the outcome/performance measurements as well as program and fiscal data reporting may change.

ADAD will be using an outcome-based framework for the solicitation, selection, award, monitoring, and reporting of results through this RFP. The outcome-based framework focuses on specific changes to be achieved through this service. In responding to this RFP, the APPLICANT must propose and

commit to performance targets directly related to the performance target areas described in this RFP.

The APPLICANT shall commit to these performance targets (finalized with ADAD) as part of their contractual responsibility if selected for funding. The APPLICANT shall track and report progress toward these performance targets to ADAD through a standard outcome reporting format and review with ADAD results and any necessary course of corrections.

Within this outcome-based framework, the APPLICANT shall:

- a. Establish a set of measurable outcomes, performance targets, and milestones. Submit outcomes, performance targets, and milestones on the appropriate ADAD forms within 30 days after contract execution. In the first year of the contract outcomes will be related to the community partnership and its planning activities. When evidence-based programs are implemented, outcomes shall be established for each activity. Outcome and milestone statements will be an important part of program monitoring and reporting, and the evaluation of individual programs and the overall State prevention system. ADAD will provide technical assistance to help APPLICANTS funded through this RFP to help them define appropriate outcomes and milestones and to use them to measure program impact.
- b. Design and implement programs for children, youth, parents and/or extended family members based on research or evaluation that provides evidence that the programs used, prevent or reduce the problem.
- c. Evaluate their programs periodically to assess their progress toward achieving the outcomes, performance targets, and milestones. Furthermore, this evaluation shall be used to improve and strengthen the programs, refine the outcomes, performance targets, and milestones. The APPLICANT shall utilize evaluation criteria and tools as approved by ADAD.
- d. Administer a pre- and post-test to children, youth, parents, and/or extended family members to measure information and skills gained through the evidence-based curriculum. The APPLICANT shall utilize measurement tools as approved by ADAD.

- e. The APPLICANT shall be prepared to comply with the National Outcome Domains that may be required by the Center for Substance Abuse Prevention. The current proposed National Outcome Domains and Performance Measures are shown in the following table. The other proposed measures for which the APPLICANT must be prepared are the Capacity Domain, Process Domain, and Outcome Domain referenced in the Applicant Guide, Section 5, Attachment F, Part Twelve.

DESIRED OUTCOME/DOMAIN	PERFORMANCE MEASURE
Abstinence from Drug and Alcohol Use	30-day substance use (non-use/reduction in use) Perception of drug use as harmful Attitude toward use (Perception of drug use as unacceptable)
Returning to/Staying in School	School attendance ATOD-related suspensions/expulsions Drug-related workplace injuries
Decreased Criminal Justice Involvement	Drug-related crime
Increased Stability in Family and Living Conditions	Parent participation in prevention activities
Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race, and ethnicity
Increased Social Supports/Social Connectiveness	[Under development]

In order to facilitate the implementation of an outcome-based framework, ADAD shall:

- a. Provide technical assistance in developing outcomes, performance targets, and milestones.
- b. Provide technical assistance in using hardware and software to evaluate the progress of the programs.

5. Reporting requirements for program and fiscal data

NOTE: As a result of federal Performance Partnerships requirements or as a result of a change in ADAD's prevention

Management Information System, the outcome/performance measurements as well as program and fiscal data reporting may change.

a. Required Program Reports:

- 1) The APPLICANT shall complete the ADAD **monthly management information system report** documenting the implementation of activities related to the chosen evidence-based practice according to the Center for Substance Abuse Prevention's six (6) prevention strategies. The APPLICANT shall document on the monthly management information system report the number of public service announcements or other forms of information developed for the purpose of attracting community partners.
- 2) The APPLICANT shall design and implement a system to record the number of unduplicated children, youth, parent and/or adult extended family members served through each CSAP strategy in each contract year. The unduplicated count shall be recorded in the monthly and quarterly reports, culminating in a final unduplicated count on the year-end report. The number of public service announcements or other forms of information dissemination shall be reported in a similar manner.
- 3) The Applicant shall submit **Monthly, Quarterly and Year End Reports** summarizing and analyzing outcome data and accomplishments and challenges. Monthly reports are due 15 days after the end of each month. Quarterly reports are due 15 days after the end of each quarter. Year-End Reports are due 45 days after the end of each fiscal year.

For contracts beginning July 1, due dates for reports are as follows:

Monthly:	Reports due by 15 th of the following month	
Quarter 1:	July 1 – Sept. 30	Report due Oct.15
Quarter 2:	Oct.1 – Dec.31	Report due Jan.15
Quarter 3:	Jan.1 – Mar. 31	Report due Apr. 15
Quarter 4:	Apr. 1- June 30	Report due July 15
Year End:	July 1 – June 30	Report due Aug. 15

b. Required Fiscal Reports:

- 1) The APPLICANT shall have the computer capacity to utilize ADAD's management information system, which currently is the **Prevention Minimum Data Set**.
- 2) The Applicant shall submit monthly the **Statement of Revenue and Expenditures Report** (ADAD Fiscal Form 200, 9/95).
- 3) The Applicant receiving federal funds shall submit to ADAD its **final invoice** no later than 45 days after the end of each contract year, or by August 15, whichever comes first. Lapsing of funds will occur if final invoices are not received by ADAD in a timely manner.
- 4) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-End Program Report** which includes people served, unduplicated number of individuals served, activities relating to the six (6) Center for Substance Abuse Prevention strategies, and other contract close-out documents as specified by ADAD.

NOTE: The STATE will perform the audit of the APPLICANT to assure appropriateness and allowability of the reported invoices. The audit shall, at a minimum, include evaluating the financial statements, receipts, invoices, and other documents as requested by the STATE.

6. Pricing or pricing methodology to be used

The method of pricing shall be reimbursement of actual expenditures.

7. Units of service and unit rate

Not applicable.



SECTION 3:

**POS PROPOSAL
APPLICATION
INSTRUCTIONS**

Section 3

POS Proposal Application

For HTH 440-2-1-10

NOTE: The term “APPLICANT” as used in this RFP refers to the Lead Organization (fiscal and administrative agent) in a proposed Youth Substance Abuse Community Prevention Partnership. The  (computer) symbol indicates a web-based resource that is imperative to preparation of the APPLICANT’S proposal. A  (hammer/wrench) symbol indicates tools which provide additional information or guidance.

General instructions for completing applications:

- POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section. Applicant's attention is drawn to the following format requirements:
 - Do not exceed specified page limits. Attachments are not included within the page limitations.
 - Use 1" margins.
 - Use a 12 point font.
 - Single space pages.
- The numerical outline for the application, the titles/subtitles, and the APPLICANT organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.
- Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.
- Proposals may be submitted in a three ring binder (Optional).
- Tabbing of sections (Recommended).
- APPLICANTS must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.
- A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an APPLICANT’S score.
- APPLICANTS are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.
- This form (SPO-H-2004) is available on the SPO website. The address of the SPO website is shown in Section 1 of this RFP on the page immediately preceding the Table of Contents.. If using the website form, the APPLICANT must include the items listed in this section.

The POS Proposal Application comprises the following sections:

- Title Page
- Table of Contents
- Background and Summary
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery

- *Financial*
- *Other*

1. Background and Summary (Do not exceed 1 page.)

This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. Include a brief description of the APPLICANT'S organization, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

Include in this section:

- A listing of the currently committed members of the Community Prevention Partnership who participated in the development of the APPLICANT'S proposal and are committed to completing the planning and implementation processes;
- A brief overview of the community including the extent of youth substance use and abuse, risk and protective factors, resources, and resource gaps;
- A brief description of the APPLICANT'S approach to community mobilization and the development of a comprehensive Community Youth Substance Abuse Prevention Strategic Plan (Plan);
- A brief description of the potential evidence-based preventions services/strategies that will be provided, including the population targeted to receive services; and
- A statement of the immediate, intermediate, and long-term outcomes to be achieved.

II. Experience and Capability (Do not exceed 5 pages.)

A. Necessary Skills and Experience

This section of the RFP requests information on the Lead Organization, Provider Organizations, and Community Members of the proposed Community Prevention Partnership (Partnership). ADAD seeks to support Partnerships made up of a variety of agencies, organizations, and individuals in the community.

In this RFP we describe three types of Community Partnership members: Lead Organization, Provider Organizations, and Community Members. We will fund a Lead Organization that will be fiscally and administratively responsible for a contract awarded through this RFP. The Lead Organization is the APPLICANT that will submit the proposal in response to this RFP. Provider Organizations are

organizations that may operate prevention programs or provide other related services in the community. The Lead Organization may enter into sub-contracts with these Provider Organizations. Community Members of the Partnership (which may include State and County government agency representation) may not receive funding but will provide governance and oversight of the Partnership, support from their resources, and input from various sectors of the community.

The APPLICANT (Lead Organization) shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The APPLICANT shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services. APPLICANTS and Provider Organizations shall have a minimum of one year experience in the provision of prevention services or other services to youth in the specific community for which the Partnership is proposed.

IMPORTANT NOTE: ADAD does not expect APPLICANTS to describe a fully formed Partnership at this time. APPLICANTS should provide information on the individuals and organizations that were involved in the Partnership during the period of the development of the APPLICANT'S proposal responding to this RFP and describe how the Partnership will recruit additional members

Please provide the following information.

1. An estimate and description of the Community's Level of Readiness. (Please refer to Attachment F, Applicant guide, Part Two of the RFP.
2. Complete Step Five: Action Plan Logic Model in Attachment F, Applicant Guide, Part Eleven of the RFP listing the Lead Organization, the Provider Organizations, and Community Members that were involved in the preparation of the APPLICANT'S response to this RFP and who will potentially be involved in implementing the Action Plan. At least two youth shall be included as community members and shall participate in planning the proposal and providing input regarding activities to be implemented if the proposal is funded. List only those Members that have been active to date. In Section 3, II.C., APPLICANTS will be asked to provide information on other members of the Partnership that it plans to recruit.
3. Provide a **letter of agreement** signed by an authorized representative of each Member of the Partnership listed in Step 2. In the letter of agreement, state briefly but clearly the role that each organization or individual will play in the Partnership. ✕ A glossary of terms in Attachment F, Applicant Guide, Part Seven gives examples of possible roles of Partnership members.

4. Provide evidence that the Lead Organization has the administrative capability to manage a State contract (previous state contracts, management of projects of similar scale, etc.). List and describe appropriate projects in the past five years that would demonstrate experience and expertise. Describe the Lead Organization's experience in providing services in the targeted community. Complete the Staffing Position Chart C-1 which may be found in Section 5, Attachment C of this RFP.
5. Provide evidence that the proposed Provider Organizations have the capability to manage any prevention programs or other activities proposed. List and describe appropriate projects in the past five years that would demonstrate experience expertise, including at least one year's experience in serving the targeted community.
6. Describe the experience of all the Partnership members in providing prevention or related services to youth.
7. Describe the rationale for including specific Community Members, including youth members, in the Partnership.
8. Provide as Attachment VII.C. of the APPLICANT'S proposal, an organizational chart for the Partnership's project indicating lines of collaboration, coordination, cooperation, or consultation. Indicate lines of authority if sub-contracts are used. Also provide as part of this attachment an organization-wide and project-specific organization charts for the Lead Organization.

B. Quality Assurance and Evaluation

The APPLICANT shall describe its quality assurance and evaluation plans for the proposed services, including methodology.

Please provide the following information on quality assurance procedures:

1. Describe existing or proposed procedures for maintaining an internal quality assurance process to monitor services provided through the RFP.
2. If the APPLICANT does not have an internal quality assurance program in place, describe how it will collaborate with ADAD to establish quality assurance procedures.

A contractor will be hired by ADAD to provide evaluation technical assistance to successful APPLICANTS. The evaluation process will include process evaluation assessing the way the Partnership conducts needs assessments,

formulates logic models, selects evidence-based programs that best fit community needs and resource gaps, implements such programs, measures outcomes, and evaluates changes in youth behavior that were brought about by programs implemented through the Partnership's efforts. Partnerships funded through this RFP are expected to cooperate with this evaluation. Partnerships have two general responsibilities in the evaluation process:

- to maintain records of the planning process and program services provided in a format that can be used by ADAD to monitor services and by the evaluators to analyze program outcomes, and
- to measure the outcomes of the services that they provide by conducting pre- and post-test surveys or using other means to assess changes in participants' knowledge, beliefs, behaviors, or other outcomes.

Partnerships selected to receive funds will receive assistance in finalizing their evaluation plan. However, each APPLICANT shall include a discussion of its approach to evaluation in the proposal.

Please provide the following information:

1. The APPLICANT shall provide a signed **Assurance to Participate in Evaluation** letter and include it in the proposal in Attachment VII.D. The letter shall describe what the Partnership member will contribute to the evaluation process. Please refer to 2-6 below and to Section 2. II. B. 3-5 of this RFP for a listing of evaluation-related tasks.
2. Provide a brief description of how the APPLICANT will document the process of community mobilization and planning to be carried out through the Prevention Platform process.
3. Describe the APPLICANT'S approach to measurement of the achievement of each of the immediate outcomes proposed for planned prevention actions and program services. Describe any of the following measures or instruments that will measure outcomes:
 - Observation
 - Standard instruments (note: some instruments are copyrighted and may require a fee for administration)
 - Questionnaires and surveys
 - Interviews
 - Records (archival)
4. Describe persons to be evaluated:
 - Recipients of the services
 - Significant others (such as parents reporting changes in their

- children's behavior)
 - Staff (such as teachers, coaches)
 - Outside "experts" (people who come in and review records)
5. Describe when measurements will be done -- at a minimum, it is required that Lead or Provider Organizations gather measures before the prevention actions and program services are provided and upon completion of the services:
- Before the prevention action and program services are administered
 - During the administration of the prevention actions and program services
 - Immediately upon completion of the prevention actions and program services
 - At select periods of time after the completion of the services (i.e., 6 months, 1 year)

APPLICANTS should note that all evaluation plans and measurement items and instruments must be approved by ADAD's evaluator prior to implementation. ADAD reserves the right to modify an evaluation plan.

6. Describe the responsibilities of the Lead Organization and Provider Organizations in managing the evaluation.

C. Coordination of Services

This section seeks information about how the APPLICANT and the members of the Partnership that have already been identified will recruit other individuals and organizations to form a fully representative Partnership capable of developing a community youth substance abuse prevention strategic plan (Plan), mobilizing community support, and overseeing the implementation of prevention services in the community. The APPLICANT shall demonstrate the capacity to coordinate services with State and County agencies, organizations, and other resources in the community.

Please provide the following information:

1. How will the Lead Organization oversee and coordinate the development of the community youth substance abuse prevention strategic plan?
- Describe procedures for developing any subcontracts for materials, training and technical assistance to the Partnership for any evidence-based programs to be implemented.

- Describe procedures for communications and logistical support to the Partnership during the period when the Plan is being developed. How will the Lead Organization provide meeting sites, record keeping, meeting notification, clerical and technical support to the Partnership, etc.?
 - What individuals or departments in the Lead Organization will be involved?
 - Will any other members of the Partnership have administrative responsibilities for the development of the Plan? Please describe.
2. How will the Lead Organization recruit additional members for the Partnership to insure that it is representative of the local community's constituents and local institutional and personal resources?
 3. Describe how the Lead Organization will manage the development and administration of sub-contracts for specific prevention services to be implemented in accordance with the Plan.
 - What individuals or departments in the Lead Agency will be involved?
 - What management controls will be used to ensure that sub-contractors are meeting their responsibilities?
 - How will information on sub-contractor activities be conveyed to ADAD?
 4. Describe the role of each proposed Provider Organization.
 - What funding, services, or other resources does each Provider Organization bring to the partnership?
 - What services will they provide in implementing the Plan?
 5. Describe the role of Community Members of the Partnership. Please refer to the glossary in Attachment F, Applicant Guide, Part Seven for definitions and examples of possible roles.
 6. Briefly describe how members of the Partnership worked together to respond to this RFP.
 7. Describe the mechanisms and procedures whereby the Partnership will work together during the development of the Plan.
 8. Describe the mechanisms and procedures whereby the Partnership will work together to implement prevention activities funded by this RFP.

NOTE: ADAD must approve all sub-contracts prior to their execution.

D. Facilities

The APPLICANT shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Project Organization and Staffing (5 pages maximum)

A. Proposed Staffing

The APPLICANT shall describe the proposed staffing pattern, client/staff ratio, and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.) Staffing information shall only be provided for the community mobilization, plan development, and general administrative functions of the Applicant's proposed project. *At this time, it is not necessary to provide staffing information on specific prevention programs to be implemented.*

1. List all staff who will be responsible for the community mobilization, plan development, and general administrative functions that are called for in the proposal. Include the number and full-time equivalent staff providing these services and the organization that will employ them.
2. Describe how the proposed staffing pattern of choice, including lines of authority and supervision, is best suited to address the implementation requirements of the scope of services as outlined in the Request For Proposal.

B. Staff Qualifications

The APPLICANT shall provide the minimum qualifications (including experience) for staff assigned to the program. The APPLICANT shall complete the staffing position chart (Attachment C-1 of the RFP) indicating both the minimum qualifications of the position and the qualifications of the incumbent in the position.

In Attachment D of the APPLICANT'S proposal, provide the resumes of key staff who have been identified and the job descriptions of all staff who will be providing services. (Job descriptions and resumes are only required for staff listed in III. A. 1., above).

Staff providing direct service shall sign the **Code of Conduct** found in Attachment F, Applicant Guide, Part Ten of this RFP. Signed Codes of Conduct shall be included in the proposal as Attachment D.

C. Supervision and Training

The APPLICANT shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

D. Organization Chart

The APPLICANT shall reflect the relationship of each Partnership member to the Lead Organization and other Partnership members and any lines of responsibility and supervision. (Include the organization's name, the member's name, position title, and full time equivalency to the organization and to the project.

Attach both "Organization-wide" (APPLICANT) and "Program" (Project-specific) organization charts in Attachment C of the proposal. "Program" charts should reflect only the positions described in III. A. 1., above.

IV. Service Delivery (Do not exceed 15 pages.)

***NOTE:** It is highly recommended that the APPLICANT also read Section 4, Proposal Evaluation of this RFP, which contains criteria for evaluating proposals submitted in response to this RFP.*

The Service Delivery Section shall include a detailed discussion of the APPLICANT'S approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines /schedules.

In this section APPLICANTS are asked to describe their approach to implementing the major tasks described in the Scope of Services:

- Assessing the community's readiness for prevention,
- Mobilizing and/or building capacity to address the community's needs,
- Developing a comprehensive Community Youth Substance Abuse Prevention Strategic Plan using the Prevention Platform planning process (Assessment, Capacity, Planning, Implementation, Evaluation)
- Implementing evidence-based prevention programs and infrastructure development activities in the local community in response to needs identified during the planning process, and
- Monitoring the process, evaluating effectiveness, sustaining effective programs/activities, and improving or replacing those that failed.

This section of the RFP is organized in five (5) steps corresponding to the steps in the Prevention Platform. APPLICANTS should read this section carefully, consult additional materials referenced in each step, and answer all of the questions listed under each step.

The five steps are:

STEP ONE– ASSESSING COMMUNITY READINESS

In this section, APPLICANTS shall provide an assessment of the **community's readiness** for mobilization and planning. Some communities are more ready than others to work together to plan and implement prevention programs. ✕ Attachment F - Applicant Guide, Part Two, describes the Stages of Community Readiness and provides a Community Readiness Assessment developed by Colorado State University's Tri-Ethnic Center for Prevention Research to help communities assess their readiness. The Prevention Platform websites <http://preventionplatform.samhsa.gov> or www.preventiondss.org provide scoring instructions for the readiness assessment, as well as additional information on community readiness.

APPLICANTS should use the Survey to interview current and potential members of the Partnership and as many other community stakeholders as possible. Based on their responses, the APPLICANT shall provide a brief discussion of the community's level of readiness. ADAD will use this information to assess community conditions and the APPLICANT'S current understanding of planning and assessment concepts. This information is not intended to duplicate the extensive assessment activities that will be accomplished through the Prevention Platform process if the APPLICANT is selected for funding. The Stage of Readiness for the community shall be described in the APPLICANT'S proposal (please refer to Attachment F, Applicant Guide, Part Two for a description of the stages).

APPLICANTS shall also profile population needs, resources, and readiness to address the problems and gaps in service delivery. APPLICANTS shall conduct a **needs assessment**, through the collection and analysis of epidemiological data provided by the State as well as other local data, that includes the following:

- assessment of the magnitude of substance abuse and related mental health disorders in the Community and where the problem is greatest,
- assessment of risk and protective factors associated with the problem in the community,
- assessment of community assets and resources,
- identification of gaps in services and capacity,
- assessment of readiness to act,
- identification of priorities based on the epidemiological analyses, including the identification of target populations, and
- specification of baseline data against which progress and outcomes of the evidence-based program can be measured.

APPLICANTS should select the **target populations** that are tentatively identified for prevention services based upon identified needs. Target populations may be changed

based on more in depth needs assessment if the APPLICANT and its Partnership are selected for funding. Prevention efforts funded through this RFP must be targeted to youth ages 11 through 16 and may include services to parents and siblings of youth in this age range. A Partnership may propose to serve more than one targeted population (middle school students, high school girls, single parents, etc.)

APPLICANTS should categorize target populations in terms of three categories of prevention services: Universal, Selective, or Indicated. These three categories of prevention services were defined by the federal Institute of Medicine as follows to help identify the characteristics of populations targeted for services:

Universal Prevention -- general population targeted without regard to individual risk factors,

Selective Prevention -- subgroups of the general population determined to be at higher risk for substance abuse,

Indicated Prevention -- individuals identified as experiencing early signs of substance abuse and other related problem behaviors. Indicated prevention does NOT include services to individuals with a clinical diagnosis of substance abuse.

✕ Attachment F, Applicant Guide, Part Four provides further information on the Institute of Medicine classification of prevention services.

In the APPLICANT's proposal the following information shall be provided to describe the target population.

1. List and briefly describe each of the targeted populations for whom prevention services are proposed.
2. For each population that to be served, determine if they are appropriate for Universal, Selective, or Indicated prevention services.
3. For each of the targeted populations, concisely describe their most pronounced risk and protective factors and their alcohol, tobacco, marijuana, and other drug use, misuse, and abuse incidence.
4. Describe the proposed eligibility criteria for each of the targeted populations to receive prevention actions and program services.
5. Describe the Partnership's recruitment strategies to ensure participation in prevention services by targeted populations.
6. Describe strategies for ensuring ongoing involvement of targeted populations.

The APPLICANT shall summarize community needs, assets, and resources. Based on the information collected and reviewed about youth substance use and abuse, risk and protective factors, and resources and gaps in services, the proposal shall discuss the problems in the community and its most important prevention needs and service gaps. The discussion shall present concise statements including, at a minimum, the following topics:

1. Provide basic demographic information, including population of adults and children, ethnicities, and social-economic composition of the community base.
2. Describe alcohol, tobacco, marijuana, and other drug use, misuse, and abuse (incidence and prevalence data) for the youth in the community. APPLICANTS should use incidence and prevalence data to determine the scope of the youth substance abuse problem and to monitor the ultimate outcome of the reduction and prevention of adolescent alcohol, tobacco, marijuana, and other drug use.
3. Describe and assess risk and protective factors for youth in the community.
 - Identify and prioritize risk factors and protective factors in the community
 - Specify the indicators that are representative of the prioritized risk factors
 - Identify the data source(s) used to support the assessed risk factor(s) and protective factor(s).
 - Identify specific populations most at-risk
4. Describe existing and/or potential substance abuse prevention resources in the community.
 - Who is providing prevention services or related youth services in the community?
 - Which of these service providers will be involved with the project?
 - How will the Community Partnership coordinate services with those not directly involved in the proposed Community Partnership.
5. What service gaps exist in the community?

STEP TWO- MOBILIZING AND/OR BUILDING CAPACITY TO ADDRESS THE COMMUNITY'S NEEDS

In this section, the APPLICANT shall describe how it will engage key stakeholders at the State, County, and community levels to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities.

APPLICANTS should describe their general approach to forming and maintaining a Partnership using the Prevention Platform community mobilization approach and working in collaboration with ADAD'S evaluation consultant (to be hired).

1. Identify which of the forty-three local communities will be served.
✕ Attachment F, Applicant Guide, Part One provides a list and maps of these communities.
2. An effective community partnership includes a broad spectrum of members

including people who can benefit from prevention services and the individuals and institutions in the community that can provide and support prevention services. The Partnership shall include at least two (2) youth members. Discuss the current and planned membership of the proposed Partnership. Identify committed or potential members from groups such as:

Law Enforcement	Education	Youth
Criminal Justice	Civic Organizations	Parents
Faith Based Organizations	Youth Sports	Business
Human Service Providers	Health Care Providers	Military
Colleges/Universities	Ethnic Groups	Government
Elected Officials	Child Care Providers	

3. For each potential member, discuss the plan for recruitment to the Community Partnership.

STEP THREE – DESCRIBING THE APPROACH TO DEVELOPING A COMPREHENSIVE YOUTH SUBSTANCE ABUSE PREVENTION COMMUNITY STRATEGIC PLAN

Communities must develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan must be based on documented needs, build on identified resources/strengths, set measurable objectives and include the performance measures and baseline data against which progress will be monitored. Plans must be adjusted as the result of ongoing needs assessment and monitoring activities. The issue of sustainability should be a constant throughout each step of planning and implementation and should lead to the creation of a long-term strategy to sustain policies, programs and practices.

The strategic plans must be data-driven and focused on addressing the most critical needs in the Community. The Community's Strategic Plan must be approved by ADAD before implementation activities can begin. The Strategic Plan:

- identifies the priorities that will be targeted in the Community's Strategic Plan,
- articulates a vision for prevention activities to address critical needs,
- describes necessary infrastructure development and/or evidence-based policies, programs and practices (or a process for selection) to be implemented within the broader service system and specifies timelines for implementation,
- identifies/coordinates/allocates resources and sources of funding for the plan,
- identifies appropriate funding mechanism(s) to allocate resources to targeted communities,
- identifies any training required,

- includes key policies and relationships among stakeholders,
- involves public and private service systems in creating a seamless continuum of planning and services,
- includes plans for sustaining the infrastructure and services that are implemented,
- identifies key milestones and outcomes against which to gauge performance, thereby allowing for system improvement and accountability of all parties involved,
- includes plans for making adjustments, based on on-going needs assessment activities, and
- indicates major tasks and timeline for completing the Plan.

In this section, APPLICANTS are asked to provide information on their proposed approach to community planning using the Prevention Platform approach.

The APPLICANT shall provide the following information.

1. Develop and include in Attachment D of the APPLICANT'S proposal, a Project Management Work Plan for planning and implementing the Action Plan (Plan). Use as much detail as is necessary to provide a clear answer to the questions.
 - What are the essential tasks and key milestones necessary to develop the Plan and implement and manage the prevention activities proposed?
 - Who is responsible for accomplishing these tasks?
 - What is the logical sequence of events in the development of the Plan and implementation of projects? What things must happen before other things can happen?
2. Describe the daily operational procedures for:
 - Monitoring timelines
 - Keeping track of finances
 - Keeping "tally" of youth, parents siblings, and others being served
 - Monitoring staff's performance
3. Describe administrative procedures for:
 - Meeting with evaluators
 - Sharing evaluation results with staff and partners
 - Making partners aware of the program's status
 - Preparing fiscal and programmatic reports required from the funding agency.

STEP FOUR – IMPLEMENTING EVIDENCE-BASED PREVENTION PROGRAMS

AND INFRASTRUCTURE DEVELOPMENT ACTIVITIES

In this section APPLICANTS are asked to identify potential evidence-based prevention programs and approaches that might be implemented in response to local needs. *The programs identified here are not binding on the APPLICANTS. If selected for funding, APPLICANTS and Community Partnerships may change their selection of programs, in consultation with the State, in response to further needs assessment and outcome revision developed through the Prevention Platform process.*

In selecting specific programs, APPLICANTS must take three issues into account. First, The State seeks to fund evidence-based prevention programs that have been proven to be effective through sound, objective research. Second, and equally important, the programs selected must logically relate to the populations, risk, factors, and outcomes targeted. Third, many of the evidence-based programs appropriate for funding through this RFP must be purchased from the organizations that developed them. Program planning must take into account the costs and time considerations of acquiring and implementing these programs.

Before identifying possible programs, APPLICANTS should review the following issues.

EVIDENCE-BASED PROGRAMS. The federal Center for Substance Abuse Prevention (CSAP), has characterized prevention programs in terms of five levels of scientific rigor assessing the degree of scientific reliability of their effectiveness.


- Type 5: Replication and multi-site studies
- Type 4: Single-site experimental and quasi-experimental studies
- Type 3: Process evaluation
- Type 2: Focus groups, expert panels, key informant activities
- Type 1: Participant and program staff observation.

✕ A detailed discussion of science-based prevention is provided in Attachment F, Applicant Guide, Part Five.

Local stakeholders will use the findings of their needs assessments to guide selection and implementation of policies, programs and practices proven to be effective in research settings and communities. Community implementers must ensure that culturally competent adaptations are made without sacrificing the core elements of the program. ADAD requires the selection and adaptation of programs contained in the National Registry of Effective Programs and Practices (NREPP). ✕ See Appendix F, Applicant Guide, Part Five for information about NREPP.)

Once the Community's Strategic Plan is approved by ADAD implementation may begin. The APPLICANT must provide the infrastructure and other necessary support to local stakeholders in selecting and implementing policies, programs, and practices proven to be effective in research settings and communities. The ADAD evaluator shall ensure that community implementers make culturally competent adaptations without sacrificing the core elements of the program.

✕ *All of the programs funded through this RFP shall be at Type 3, 4, or 5 level of scientific rigor and shall be selected from a specific list of programs identified in Attachment F, Applicant Guide, Part Five*

PROGRAMS MATCHED TO LOCAL NEEDS.  The CSAP website www.preventionondss.org provides information on the appropriateness of specific best practices for particular risk and protective factors, population type, age, gender, and other factors.

APPLICANTS should carefully assess possible programs and identify those best suited to their community in terms of:

- The alcohol, tobacco, marijuana, and other drug use and abuse by youth in the community
- The assessed and prioritized risk and protective factors in the community.
- The community partnership's capabilities
- Other resources and resource gaps in the community
- Identified gaps in services as related to assessed and prioritized risk and protective factors.
- The overall assessment of the problems identified in the community related to youth substance use, misuse, and abuse, risk and protective factors, and gaps in services.
- The targeted population(s) identified for service
- The outcomes (changes) desired in the target population(s)

COST AND OTHER ACQUISITION ISSUES. Before selecting a particular program, APPLICANTS should determine the costs of implementing the program. What do materials cost and how many sets of materials are needed to serve a given number of participants? Does the program developer require that staff implementing the program be specially trained? Will this require bringing people to Hawaii or sending someone to the mainland? APPLICANTS are advised to contact the developers of programs directly and determine the specific costs and requirements of implementing programs.

✕ Descriptions of model programs are available on the Western Center for the Application of Prevention Technology's (WestCAPT) <http://casat.unr.edu/westcapt/bestpractices>. Attachment F, Applicant Guide, Part Five includes a listing of evidence-based programs that have already been piloted in Hawaii.

APPLICANTS shall provide the following information:

1. After considering these issues, the APPLICANT shall provide a list of each of the prevention programs or approaches that will be used. For each program state the Institute of Medicine population classification that it will address (Universal, Selective, Indicated)

EXAMPLE: *Guiding Good Choices* (Universal)

2. For each program, provide a brief (one paragraph) discussion of the rationale for using this service. How does the program address the target populations, risk and protective factors, outcomes, and service gaps described in Steps One through Four?
3. Describe implementation issues for each program. (Acquiring materials, staff training, other special requirements).

STEP FIVE – MONITORING THE PROCESS, EVALUATING EFFECTIVENESS, SUSTAINING EFFECTIVE PROGRAMS/ACTIVITIES, AND IMPROVING OR REPLACING THOSE THAT FAIL

Ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness and service delivery quality. APPLICANTS shall be accountable for the results of their projects and are, therefore, expected to play a critical role in providing on-going monitoring and evaluation of all activities, as well as participating in training and technical assistance regarding evaluation and performance measurement. Through these efforts, the APPLICANT shall assess program effectiveness, ensure service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. The APPLICANT shall be expected to provide performance data to ADAD on a regular basis, as described in Section 2., III., B., 3-5 of this RFP, so ADAD can monitor, evaluate, sustain and improve the State's Strategic Prevention Framework activities. APPLICANTS shall be prepared to adjust their implementation plans based on the results of monitoring/evaluation activities.

Although the first three steps of the Prevention Platform process will continue at some level throughout the course of the project, ADAD expects that the APPLICANT will be ready to begin implementing steps 4 and 5 by the end of the first year of the project.

IDENTIFYING PRELIMINARY OUTCOMES. APPLICANTS shall define **preliminary outcomes** for community prevention based on the assessment activities completed through the previous section. Preliminary outcomes will allow ADAD to assess the APPLICANT'S understanding of the use of outcomes in prevention planning. If selected for funding, APPLICANTS and their Partnerships will develop final outcomes and objectives through the Prevention Platform process.

Outcomes are the results of prevention actions and strategies. Outcomes can be measured by specific observable changes in targeted measures among the individual participants in prevention programs or in the broader context of institutions and the community.

This RFP program is concerned with three levels of outcomes:

- **Immediate outcomes** -- changes in the targeted populations as they participate in programs and activities.
- **Intermediate outcomes** -- changes in the indicators of risk and protective factors.

- **Long-range outcomes** -- changes in the incidence and prevalence of alcohol, tobacco, marijuana, and other drug use, misuse, and abuse in the targeted populations.

The APPLICANT shall develop a set of outcomes in the following format:

1. Write at least one **Immediate Outcome** describing the anticipated changes in each of the prioritized risk or protective factors described in Step One. Use the following format to state the outcome.

Of the _____ (*State the targeted population*), ____% of participant in prevention services will _____ *Describe the change in participant's condition*) as measured by _____ (*state the method of measurement.*)

EXAMPLE: Of students in Grades 7 and 8 at Pono Middle School completing the *Project Alert* Program, 70% will demonstrate increased knowledge of the harmful effects of marijuana use as demonstrated by a standardized pre/post test developed by *Project Alert*.

2. Write **Intermediate Outcomes** for each of the prioritized risk or protective factors described in Step One. Use the following format to state the outcome.

EXAMPLE: Adolescents in Grades 8 and 10 in Opio Valley will demonstrate increased perception of the harmful effects of drug and alcohol use as measured by comparison survey responses on the 2005 and 2007 Hawaii Student Use Surveys.

3. Write **Long Range Outcomes** for substance use in the community. Use the following format to state the outcome.

EXAMPLE: High School seniors in Opio Valley will decrease regular (past 30 day) use of alcohol as measured by comparison survey responses on the 2007 and 2009 Hawaii Student Use Surveys.

V. Financial

A. Pricing Structure

The APPLICANT shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application.

Pricing structure for this RFP shall be based on cost reimbursement.

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in

delivering the services specified in the contract, up to a stated maximum obligation.

Only the following budget form(s), which are contained in the POS manual and attached to this RFP as Attachment E-6, shall be submitted with the POS Proposal Application:

1. Form SPO-H205 Budget
2. Form SPO-H205B Organization - Wide Budget By Programs
3. Form SPO-H206A Personnel - Salaries and Wages
4. Form SPO-H206B Personnel - Payroll Taxes, Assessments, and Fringe
5. Form SPO-H206C Travel - Inter-island
6. Form SPO-H206E Contractual Services - Administrative
7. Form SPO-H206F Contractual Services - Subcontracts
8. Form SPO-H206H Program Activities
9. Form SPO-H206I Equipment Purchases
10. Form SPO-H206J Motor Vehicle
11. Form C-1 Organization - Wide RFP Information
12. Form C-2 Staffing Position Chart

B. Other Financial Related Materials

In order to determine the adequacy of the APPLICANT'S accounting system as described under the administrative rules, the following documents are requested as part for the POS Proposal Application (shall be attached):

1. Latest Single Audit Report of Financial Audit.
2. Cost Allocation Plan, which provides an explanation of how cost is allocated to various sources of funding.

VI. Other

A. Litigation

The Applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgments.

SECTION 4:

PROPOSAL EVALUATION

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of POS Proposal Application
- Phase 3 - Recommendation for Award

A. Evaluation Categories and Threshold

EVALUATION CATEGORIES

POSSIBLE POINTS

Administrative Requirements

(Not Scored)

Proposal Application

100 Points

Program Overview:	0 Points
Experience and Capability	20 Points
Project Organization and Staffing	15 Points
Service Delivery	55 Points
Financial	10 Points

ADAD reserves the right to apply the following additional criteria in determining the funding allocations:

- The interest of the State in having prevention approaches addressing the individual youth, the family, the school, and the community domains;
- The interest of the State in funding approximately seven (7) projects including approximately two (2) projects in the City and County of Honolulu, two (2) projects in Maui County, two (2) projects in Hawaii County, and one (1) project in Kauai County; prioritized by the existence of a high number of risk factors

- accompanied by reduced protective factors; and
- The interest of the State in funding community partnerships that are ready to plan, manage, deliver, and evaluate prevention services and that have active involvement by youth and Native Hawaiian health centers and organizations.

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements (Unscored)

The APPLICANT has completed and submitted the **Certifications and Assurances** contained in Attachment D of this RFP with its proposal.

The APPLICANT has provided written acknowledgement agreeing to comply with the **Personnel Requirements** in Section 5, Attachment E-1 of this RFP.

The APPLICANT has provided written acknowledgement agreeing to comply with the **Administrative Requirements** in Section 5, Attachment E-2 of this RFP.

The APPLICANT has provided written acknowledgement agreeing to comply with the **Quality Assurance and Evaluation Specifications** in Section 5, Attachment E-3.

The **Checklist** and **Table of Contents** are not a basis for rejection if missing, however it is encouraged that the APPLICANT use these tools for assuring completeness of the proposal and easing navigation through the document. Other Administrative Requirements may include registration (if the APPLICANT is not pre-registered with the State Procurement Office), Assurances and Certifications, and tax clearance certificate. (A new tax clearance certificate may be required when a contract is awarded).

2. Proposal Application Requirements

- POS Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

SCORING PROCEDURE: For each of the categories, evaluators will read the corresponding section in the APPLICANT'S proposal. They will check "Yes" or "No" on the Rating Sheet to indicate whether the proposal meets the criteria specified in Sections 2 and 3 of the RFP. An appropriate numerical rating will be given for each category as follows:

If the proposal addresses all the required elements for a category as specified in the criteria on the Rating Sheet, at least a satisfactory rating of 3 will be given for that category.

If the proposal does not address all of the specified elements a less than satisfactory (<3) rating will be given.

A rating of zero (0) will be awarded for any category that is not addressed in any way.

If the proposal addresses all of the elements in a logical, comprehensive, detailed manner, a rating above satisfactory (>3) may be awarded.

Any ratings above or below satisfactory (3) will be explained. Comments are optional if the rating is satisfactory (3).

The evaluation panel will rate each category on a scale of 0 through 5 and convert that rating to a point score. For example, a satisfactory score for a category is calculated by dividing the maximum number of points for that category by 5 (the highest rating possible) and then multiplying that number by 3 (the rating for "satisfactory"). Each category below gives the maximum point score and the satisfactory point score. Ratings will be the consensus of the evaluation panel.

Program Overview: No points are assigned to Program Overview. The intent is to give the APPLICANT an opportunity to orient evaluators as to the service(s) being offered.

(1) Experience and Capability (20 Points)

The State will evaluate the APPLICANT'S experience and capability relevant to the proposal contract, which shall include the degree to which the APPLICANT describes in detail:

A. Necessary Skills (Maximum = 4 Points; Satisfactory for the category = 2.4))

Documentation of demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The following issues are described in detail:

- The APPLICANT has demonstrated a thorough understanding of the purpose and scope of the service activity.
- The APPLICANT has concisely described its community needs and its approach to community mobilization, planning, and service provision.
- Members of the proposed Community Partnership including a Lead Organization, Provider Organizations, and Community Members have been clearly identified.
- All Members of the proposed Partnership have signed an Agreement to Participate.

B. Experience (Maximum = 3 Points; Satisfactory for the category = 1.8 points)

The APPLICANT shall provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services. APPLICANTS and Provider Organizations have documented a minimum of one year experience in the provision of prevention services or other services to youth in the specific community for which the Partnership is proposed.

- The Lead Organization has demonstrated experience in managing a State contract or projects of similar size and complexity.
- The Provider Organizations have experience in managing and implementing projects of the scale proposed.
- Members of the Partnership have appropriate experience in prevention or related services to youth.

C. Quality Assurance and Evaluation (Maximum =3 Points; Satisfactory for the category = 1.8 points)

Documentation of an adequate quality assurance and evaluation capability is described. The following issues are adequately described:

- The APPLICANT has adequate quality assurance systems in place or describes proposed collaboration with ADAD to establish appropriate procedures.
- The APPLICANT has signed the Assurance to Participate in Evaluation.
- The APPLICANT describes an adequate procedure for documenting its processes of community mobilization and planning.
- An adequate approach to outcome evaluation is described.
- The responsibilities of the Lead Organization and other Members of the Partnership in evaluation are described.
- The Members of the Partnership have Internet capacity to use web-based evaluation systems and have utilized web-based prevention resources in the preparation of the APPLICANT'S proposal.

D. Coordination of Services (Maximum = 9 Points; Satisfactory for the category = 5.4 points)

Demonstrated capability to coordinate services with other organizations and resources in the community is documented. The following issues are described in detail:

- The Lead Organization's proposed procedures for collaborating with external technical assistance contractors is described.
- Communications and logistical support for the planning process is described.
- The administrative responsibilities of the Lead Organization and other Members of the Partnership in the planning process are described.
- Procedures for recruiting a broadly representative Community Partnership are described.
- The Lead Organization's procedures for developing and administering sub-contracts are clearly stated.
- Management controls for ensuring that sub-contractors are meeting their responsibilities are described.
- Procedures for informing ADAD of sub-contractor activities are described.
- The roles and resources of Provider Organizations and other Members of the Partnership are clearly delineated.
- The Partnership's collaboration to respond to the RFP is described.
- The Partnership's procedures for working together to implement prevention activities are clearly described.

E. Facilities (Maximum = 1 point; Satisfactory for the Category = 0.6 points)

Facilities that will be used are clearly described and are appropriate to the proposed services.

(2) ***Project Organization and Staffing (15 Points)*** (Maximum = 15 points; Satisfactory for the category = 9 points)

The State will evaluate the APPLICANT'S overall staffing approach to the service, including staffing patterns, participant/staff ratio, and proposed program participant capacity, as to its reasonableness to insure the viability of the service:

- Organization charts are provided for the proposed project and the entire Partnership providing services. The organization chart(s) reflect all of the following: staff name (or "to be hired"), title, qualification level, full-time equivalency.
- A Staffing Position chart is provided for the Partnership as a whole and for the Lead Organization and each Provider Organization.
- The number and full-time equivalence of Lead Organization and Provider Organization staff is presented.
- The organizational affiliation of all staff is clearly stated.
- A rationale for the proposed staffing pattern is provided.

- Job descriptions and minimum qualifications of all staff are presented.
- Resumes of identified staff are provided.
- An adequate capability of the Lead Organization and Provider Organizations to supervise, train, and provide administrative support to staff is described.

(3) Service Delivery (55 Points)(Maximum points = 55; Satisfactory for the category = 33 points)

Proposal evaluation criteria for this section are based on the APPLICANT'S response to information requested regarding the five (5) step Prevention Platform referenced in Section 3 of the RFP. The APPLICANT shall describe how the Community Partnership will carry out Prevention Platform steps if awarded a contract:

- Assessing the community's readiness for prevention,
- Mobilizing and/or building capacity to address the community's needs,
- Developing a comprehensive Community Youth Substance Abuse Prevention Strategic Plan using the Prevention Platform planning process (Assessment, Capacity, Planning, Implementation, Evaluation),
- Implementing evidence-based prevention programs and infrastructure development activities in the local community in response to needs identified during the planning process, and
- Monitoring the process, evaluating effectiveness, sustaining effective programs/activities, and improving and analyzing the outcomes of the Partnership's work.

STEP ONE– ASSESSING COMMUNITY READINESS FOR PREVENTION

- The APPLICANT has provided an assessment of the **community's readiness** for mobilization and planning and has summarized findings of a Community Key Leader Survey.
- Based on the epidemiological data collected and reviewed, the proposal describes community demographics, youth substance use and abuse, risk and protective factors, resources, and gaps in services.
- The APPLICANT has described the community's strengths and concerns and its most pressing prevention needs and service gaps.
- The proposal details how the target population(s) was selected and the appropriate level(s) of prevention services (Universal, Selected, or Indicated) was determined.
- The proposal describes the proposed eligibility criteria for prevention services, strategies for recruiting participants from the target population, and how it will ensure the ongoing involvement of targeted populations.

STEP TWO- MOBILIZING AND/OR BUILDING CAPACITY TO ADDRESS THE

COMMUNITY'S NEEDS

- The APPLICANT has described the Community's general approach to forming and maintaining a Partnership using the Prevention Platform community mobilization approach and how the Partnership will work in collaboration with ADAD'S evaluation consultant (to be hired).
- The APPLICANT has identified committed or potential Partners and has described the community sector represented by each Partner and their potential contributions in planning, implementing, and evaluating the Community's Strategic Plan.
- The APPLICANT has discussed how it will recruit additional Partnership members.
- The APPLICANT has described how key stakeholders at the State, County, and community levels will be engaged to plan and implement successful prevention activities that will be sustained over time.
- The description includes key tasks such as convening stakeholders, building coalitions, training community stakeholders, organizing networks, leveraging resources, and engaging stakeholders to help implement and sustain the activities.
- The APPLICANT has described existing and/or potential substance abuse prevention resources in the community and identified which of these resources will be involved with the project. The discussion includes a description of how the Partnership will coordinate services with those not directly involved in the Partnership. The proposal has described how the Partnership will attempt to fill identified service gaps.

STEP THREE – DESCRIBING THE APPROACH TO DEVELOPING A COMPREHENSIVE YOUTH SUBSTANCE ABUSE PREVENTION COMMUNITY STRATEGIC PLAN

- The APPLICANT has provided information on the Partnership's proposed approach to community planning using the Prevention Platform approach.
- The APPLICANT has articulated a vision for the Community and has suggested strategies for prioritizing, organizing and implementing prevention efforts to address critical needs.
- The APPLICANT has described how the strategic plan will be based on documented needs and built on identified resources/strengths.
- The proposal describes an approach for using outcome and performance measures, for monitoring progress against baseline data, and adjusting plans as the result of ongoing needs assessment and monitoring activities.
- The APPLICANT has described how the issue of sustainability will be addressed throughout each step of planning and implementation and how the Partnership plans to create a long-term strategy to sustain policies, programs and practices.
- The APPLICANT has also described potential training issues regarding

infrastructure development and the implementation and evaluation of evidence-based policies, programs, and practices, including the role of technical assistance consultants and the logistics of their participation.

- The APPLICANT has included Attachment E-6, Project Management Work Plan (Work Plan), which includes a timeline presenting a logical sequence of essential tasks to be completed and key milestones to be achieved in developing the Plan and implementing and managing the proposed prevention activities. The Work Plan includes the names or titles of persons responsible for accomplishing tasks.

STEP FOUR – IMPLEMENTING EVIDENCE-BASED PREVENTION PROGRAMS AND INFRASTRUCTURE DEVELOPMENT ACTIVITIES

- The APPLICANT has identified potential evidence-based prevention programs from the National Registry of Effective Programs and Practices (NREPP) and has listed their level of scientific rigor and relevant Institute of Medicine prevention service categories.
- The APPLICANT has demonstrated that local needs assessments guided program selection and has described how the potential programs, policies, and practices logically relate to the populations, risk and protective factors, and outcomes targeted in the Community.
- The proposal describes how culturally competent adaptations might be made without sacrificing the core elements of the program.
- The APPLICANT has described how the Partnership will acquire the programs, including the purchase cost of curricula, materials and training before implementing these programs.
- The APPLICANT has described daily operational procedures for monitoring timelines, keeping track of finances, keeping “tally” of persons served, and monitoring staff’s performance.
- The proposal describes administrative procedures including meeting with evaluators, sharing evaluation results with staff and partners, making partners aware of the project’s status, and preparing fiscal and programmatic reports required by ADAD.
- The APPLICANT has described other potential implementation issues, if applicable.

STEP FIVE – MONITORING THE PROCESS, EVALUATING EFFECTIVENESS, SUSTAINING EFFECTIVE PROGRAMS/ACTIVITIES, AND IMPROVING OR REPLACING THOSE THAT FAIL

- The APPLICANT describes how the Partnership will play a critical role in providing on-going monitoring and evaluation of all activities, as well as participating in training and technical assistance regarding evaluation and performance measurement.
- The proposal describes how, through these efforts, the APPLICANT will

assess program effectiveness, ensure service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

- The APPLICANT ensures the timely submission of performance data to ADAD on a regular basis, as described in Section 2, III. B.3, Quality Assurance and Evaluation, of this RFP, so ADAD can monitor, evaluate, sustain and improve the State's Strategic Prevention Framework activities.
- The APPLICANT ensures that the Partnership is prepared to adjust their implementation plans based on the results of monitoring/evaluation activities.
- The APPLICANT has described how the Partnership will be ready to begin implementing steps 4 and 5 by the month six (6) of the first year of the project and how steps 1-3 will continue at some level throughout the course of the project.
- The APPLICANT has specified baseline data against which progress and outcomes of the evidence-based program can be measured.
- The APPLICANT has formulated preliminary immediate, intermediate, and long-range outcomes for community prevention based on the assessment activities completed through the previous steps. These preliminary outcomes will allow ADAD to assess the APPLICANT'S understanding of the use of outcomes in prevention planning. If selected for funding, APPLICANTS and their Partnerships will finalize outcomes and objectives as they move through the Prevention Platform process with the assistance of the evaluator.

(4) *Financial (10 Points)* (Maximum = 10 points; Satisfactory for the category = 6 points)

In order to determine the adequacy of the APPLICANT'S accounting system, the APPLICANT has submitted with their proposal a copy of their most recent financial audit including any management letter that accompanied that audit.

The APPLICANT has described a pricing structure based on cost reimbursement:

- Personnel costs are reasonable and comparable to the positions in the community.
- Non-personnel costs are reasonable and adequately justified.
- The budget supports the scope of service and requirements of the Request for Proposal.
- Proposed program expenses are realistic and well justified.
- The proposed program has sufficient revenues within its budget to deliver appropriate services.
- The cost allocation worksheet submitted, including the explanation of how costs are allocated to various programs, is reasonable.
- Adequacy of accounting system.

IV. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

SECTION 5:

ATTACHMENTS

SECTION 5

ATTACHMENTS

<u>Attachment</u>	<u>Document</u>
A.	Competitive POS Application Checklist
B.	Sample Table of Contents for the POS Proposal Application
C.	Workplan Forms <ul style="list-style-type: none">C-1 Staffing Position ChartC-2 Organization-Wide Request for Proposal InformationC-3 Logic Model (Found in Applicant Guide, Part Eleven)
D.	Certifications <ul style="list-style-type: none">D-1 Debarment and SuspensionD-2 LobbyingD-3 Environmental Tobacco Smoke
E.	Program Specific Requirements <ul style="list-style-type: none">E-1 Management Requirements - PersonnelE-2 Management Requirements – AdministrativeE-3 Quality Assurance and Evaluation SpecificationsE-4 Assurance Regarding Drug-Free WorkplaceE-5 Assurance Regarding Charitable ChoiceE-6 Code of Ethics (Found in Applicant Guide, Part Ten)
F.	Applicant Guide

SECTION 5
ATTACHMENT A:
COMPETITIVE POS
APPLICATION
CHECKLIST

Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	(Required ONLY upon notification of award)	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5	No	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	No	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
Federal Certifications				
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	N/A	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				
Audit			X	
Forms		Attachments C, D, E, RFP		

Authorized Signature

Date

SECTION 5

ATTACHMENT B:

**SAMPLE TABLE OF
CONTENTS FOR THE
POS PROPOSAL
APPLICATION**

Proposal Application Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
A.	Necessary Skills	2
B.	Experience.....	4
C.	Quality Assurance and Evaluation.....	5
D.	Coordination of Services.....	6
E.	Facilities.....	6
III.	Project Organization and Staffing	7
A.	Staffing.....	7
1.	Proposed Staffing	7
2.	Staff Qualifications	9
B.	Project Organization	10
1.	Supervision and Training.....	10
2.	Organization Charts—Partnership, Organization-wide and Program (Project) (See Attachments for Organization Charts)	10
IV.	Service Delivery.....	12
	See Attachments for Logic Model, Staffing Position Chart, etc.	
V.	Financial.....	20
	See Attachments for Cost Proposal, Audit, and Organization-Wide RFP Information	
VI.	Litigation.....	20
VII.	Attachments	
A.	Cost Proposal SPO-H-205 Proposal Budget SPO-H-206A Budget Justification - Personnel: Salaries & Wages SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits SPO-H-206C Budget Justification - Travel: Interisland SPO-H-206E Budget Justification - Contractual Services – Administrative	
B.	Other Financial Related Materials Financial Audit for fiscal year ended June 30, 2004 Organization-Wide RFP Information	
C.	Organization Charts Partnership	

Organization: _____

RFP No: _____

SAMPLE

Lead Organization: Organization-Wide
Project-Specific

- D.** Service Delivery Attachments
 Logic Model
 Staffing Position Chart
 Letters of Commitment to the Partnership and Contribution
 Letters Assuring Participation in Evaluation
 Signed Codes of Conduct
 Resumes of Key Staff
 Project Management Work Plan

E. Program Specific Requirements

Attachments D-1 through D-3
Attachments E-1 through E-5

SECTION 5

ATTACHMENT C:

WORK PLAN FORMS

Submit the following with Attachment C:

- C-1 Staffing Position Chart**
- C-2 Organization-Wide Request for Proposal
Information**

Instructions for Completing Form C-2 ORGANIZATION-WIDE RFP INFORMATION

Instructions:

This form is to be used to report all organizational funds that support the program that will be providing services under this RFP. For HTH 440-1 and 440-3 (Treatment RFPs) and HTH 440-2 and 440-4 (Prevention RFPs), the services/modalities listed should match those listed in Attachment C-3, Performance Based Budget and Attachment C-4, Service Delivery Tables, of the RFP.

Page ____ of ____: Indicate the correct page number for this page and total number of pages.

Applicant/Awardee: Enter your agency name.

Period: Enter the Period of Availability from the 440-X* Sub-category, Section 2, I.F.

RFP No.: Enter the number (RFP No.: 440-X-XX*) from the upper right-hand corner of the RFP Subcategory you are responding to. The final digit(s) represent the specific RFP Sub-category specified in Section 2.

Funding Sources: Show all sources of support (anticipated or applied for) for this program by service/modality. Examples: DOH/ADAD, DHS, City & County, Federal, Private Insurance, QUEST, Client fees, fund raising, food stamps, etc.

Services: List the specific service/modality the funding source targets.

RFP # ID #: Enter the appropriate RFP or other Identification number of the Funding Source, as applicable.

Actual FY: List all the actual funds received (or anticipated to be received) for this services/modality during the current fiscal year.

Amount Requested: Enter the amount of funds you are requesting from each funding source. Where ADAD is the funding source, **do not enter an amount greater than** the Probable Funding Amount listed in Section 2, I.F of the RFP Sub-category, for the geographic area/target population you are applying for.

TOTAL: Provide summary Totals for the Actual FY and Amount Requested columns (by FY).

Prepared by: /Title:/Phone No./Date: Type or print the name of the person who prepared this form, their title and phone number and the date of preparation. If there are any questions, this person will be contracted for further information and clarification.

SECTION 5

ATTACHMENT D:

CERTIFICATIONS

- | | |
|------------|------------------------------------|
| D-1 | Debarment and Suspension |
| D-2 | Lobbying |
| D-3 | Environmental Tobacco Smoke |

**Instructions for Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—
Lower Tier Covered Transactions**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the Department of Health, Alcohol and Drug Abuse Division (ADAD) if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ADAD for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION—LOWER TIER COVERED TRANSACTIONS**

This certification is pursuant to 45 CFR Part 76:

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

Name of Authorized Representative

Title

Signature

Date

CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants, contracts, loans, and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant, contract, loan, or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant, contract, loan, or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to Federal grants, contracts, loans, and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (Please submit Standard Form-LLL "Disclosure of Lobbying Activities," to the Department of Health, Alcohol and Drug Abuse Division ONLY if it is applicable to your organization as described herein. If needed, Standard Form-LLL and its instructions follow this certification form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

Name of Authorized Representative

Title

Signature

Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

As a subgrantee of the Substance Abuse Prevention and Treatment Block Grant, the APPLICANT certifies that it will comply with the requirements of the Act.

Organization Name

Name of Authorized Representative

Title

Signature

Date

SECTION 5

ATTACHMENT E:

PROGRAM SPECIFIC

REQUIREMENTS

- E-1 Management Requirements - Personnel**
- E-2 Management Requirements - Administration**
- E-3 Quality Assurance and Evaluation Specifications**
- E-4 Assurance Regarding Drug-Free Workplace**
- E-5 Assurance Regarding Charitable Choice**
- E-6 Sample Letter of Agreement**
- E-7 Important Website Addresses**

Management Requirements

1. Personnel

The APPLICANT agrees to comply with the Personnel Management Requirements of this RFP.

The APPLICANT shall:

- ☐ Conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position, which necessitates close proximity to clients. For administrative and program staff working in a position which necessitates close proximity to children or adolescents, the criminal history check shall also include fingerprinting. A copy of the criminal history record check and fingerprinting check shall be placed in the employee's or volunteer's personnel file and shall be available for review.
- ☐ Possess and document knowledge, capacity, skills and experience in working with the targeted population, as well as the community it proposes to serve. The APPLICANT shall ensure that staff receive training in any curriculum, strategies, or program model it will implement before the start of operation. The cost of staff training shall be included in the APPLICANT's proposed budget.
- ☐ Coordinate, plan and organize the delivery of age-appropriate curricula or activities to the targeted population. The APPLICANT shall possess the knowledge, planning capacities, skills and experience in delivering curriculum-based programs, working with the targeted population, as well as the community at large, and this shall be documented in the resumes of key staff.
- ☐ Conduct an initial orientation for prevention personnel within 30 days of employment for all new employees and document such in the personnel record of the employee. The orientation shall include acquainting staff with the organization's policies and procedures, expected codes of conduct, and expected practices for prevention staff including use of current prevention concepts and program strategies, theory, research, and best practice findings upon which prevention services and programs of the agency are based
- ☐ Maintain and update annually a description of its organization-staffing pattern, including an organization chart showing lines of authority for prevention services.

Attachment E-1

- ☐ Designate, and indicate on the APPLICANT's organization chart, an individual(s) responsible for the supervision of prevention professionals, paraprofessionals, volunteers, and services.
- ☐ Provide documentation of the APPLICANT's successful experience in providing substance abuse prevention services to minorities. The APPLICANT's staff and volunteers shall possess in-depth understanding of the culture(s) in the geographical region it proposes to serve.
- ☐ Provide staff with opportunities to attend ADAD-approved prevention training(s), including but not limited to the Substance Abuse Prevention Specialist Training (SAPST), Client Confidentiality Training, as well as an Overview of Substance Abuse.
- ☐ Ensure that staff receive training in the ADAD management information system and in ADAD's procedures for reporting fulfillment of the RFP requirements and evaluations of capacity, process, and outcomes.
- ☐ Abide by the Code of Ethical Conduct for Prevention Professionals as created by the Prevention Think Tank™. A signed copy shall be placed in the personnel file of each staff member employed by this program. In the RFP for youth programs, the Code is in Section 5, Attachment F, Applicant Guide, Part 10.
- ☐ Attend substance abuse prevention providers' meetings as scheduled by ADAD.
- ☐ Supervise any volunteers, if used by the APPLICANT, and training them in client confidentiality issues, program quality assurance requirements and requiring them to adhere to the Code of Ethical Conduct for Prevention Professionals included in the APPLICANT Guide, Section 5, Attachment F, Part 10. A signed copy of the Code of Ethical Conduct for Prevention Professions shall be placed in the file of each volunteer affiliated with this program.
- ☐ Develop and implement a written safety plan which includes policies and procedures for handling personal injury, threats, emergencies, or disasters. Post evacuation routes in facilities used by the program.
- ☐ Maintain documentation for each employee of an initial tuberculosis (TB) skin test or chest X-ray. A copy of the test results shall be placed in the personnel file of each staff member employed by this program.

- ☐ Implement a no-smoking policy.
- ☐ Assure that each staff receives at least 12 hours of ADAD-approved prevention training per year in current prevention research, theory and practice.

Documentation of such training shall be included in the personnel file for each staff employed by this program.

NOTE: Because of federal Performance Partnership requirements or as a result of a change in ADAD's prevention Management Information System, the outcome/performance measurements as well as program and fiscal data reporting may change. The APPLICANT must be prepared to comply with a Core Measure data set that may be required by the Center for Substance Abuse Prevention. The current proposed Core Measures are: 1)Lifetime Use, 2) Age of First Use, 3)30 Day Use, 4) Dependency, and 5)Problem Drinking. The other proposed measures are "capacity," "process," and "outcome."

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization shall comply with the terms and conditions of the contract if a contract is awarded as a result of this application.

Organization Name

Name of Authorized Representative

Title

Signature

Date

Management Requirements

2. Administrative

The APPLICANT agrees to comply with the Administrative Management Requirements of this RFP.

The APPLICANT shall:

- ☐ Develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
- ☐ Establish and implement policies and procedures which clearly identify the target population for each type of prevention service, the program content, and methods of service delivery.
- ☐ Possess a minimum of one-year's experience providing substance abuse services to the target population in the designated community.
- ☐ Review all written and/or audio visual prevention material, at a minimum, biannually by staff and by an advisory board or ad hoc committee to assure that it is relevant, current, and age and culturally appropriate.
- ☐ Implement procedures for handling complaints and grievances.
- ☐ Familiarize staff with materials available at the Regional Alcohol and Drug Awareness Resource (RADAR) Center and meet with RADAR staff once per quarter for technical assistance.
- ☐ Acknowledge the DEPARTMENT and ADAD as the APPLICANT's program sponsor by displaying the DEPARTMENT's logo and the following statement on displays, public service announcements, or written material distributed by the program: "Funded by the State of Hawaii Department of Health, Alcohol and Drug Abuse Division through Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds."
- ☐ Refund to the DEPARTMENT any funds unexpended or expended inappropriately.

- ☐ Under the actual expenditure method of reimbursement, assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.
- ☐ Under the actual performance method of reimbursement, assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contact amount in determining the net allowable cost on which the state's share or cost is based.

NOTE: Because of federal Performance Partnership requirements or as a result of a change in ADAD's prevention Management Information System, the outcome/performance measurements as well as program and fiscal data reporting may change. The APPLICANT must be prepared to comply with a Core Measure data set that may be required by the Center for Substance Abuse Prevention. The current proposed Core Measures are: 1)Lifetime Use, 2) Age of First Use, 3)30 Day Use, 4) Dependency, and 5)Problem Drinking. The other proposed measures are "capacity," "process," and "outcome."

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Organization Name

Name of Authorized Representative

Title

Signature

Date

Management Requirements

3. Quality assurance and evaluation specifications

The APPLICANT agrees to comply with the quality assurance and evaluation Management Requirements of this RFP.

The APPLICANT shall:

- ☐ Have a quality assurance plan and submit it as part of its proposal identifying the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.
- ☐ Use the quality assurance plan to serve as procedural guidelines for staff and confer upon designated individuals and committees the authority to fulfill their responsibilities in the areas of quality assurance.
- ☐ Use the quality assurance plan to serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee and information conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.
- ☐ Use the quality assurance system to identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
- ☐ Reflect in its program evaluation documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

NOTE: Because of federal Performance Partnership requirements or as a result of a change in ADAD's prevention Management Information System, the outcome/performance measurements as well as program and fiscal data reporting may change. The APPLICANT must be prepared to comply with a Core Measure data set that may be required by the Center for Substance Abuse Prevention. The current proposed Core Measures are: 1)Lifetime Use, 2) Age of First Use, 3)30 Day

Use, 4) Dependency, and 5) Problem Drinking. The other proposed measures are “capacity,” “process,” and “outcome.”

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization shall comply with the terms and conditions of the contract if a contract is awarded as a result of this application.

Organization Name

Name of Authorized Representative

Title

Signature

Date

ASSURANCE REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD) is dedicated to providing the leadership necessary for the development and delivery of quality substance abuse prevention, intervention, and treatment services for the residents of the State of Hawaii. As a direct recipient of Federal monies to achieve this goal, ADAD must comply with 45 CFR Part 76 to maintain a drug-free workplace.

Although national, State, and local efforts have begun to show encouraging results, the problem of alcohol and other drug abuse remains a serious issue. In addition to helping to reduce alcohol and other drug abuse, employers with successful drug-free workplace programs report decreases in absenteeism, accidents, downtime, turnover, and theft; increases in productivity; and overall improved morale (source: National Clearinghouse for Alcohol and Drug Information). Because of the overwhelming positive effects of Drug-Free Workplace Policies, ADAD requires its prospective contractors to comply with the following:

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about—
 - (1) The dangers of drug use in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug use violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required in paragraph (a) above;
- (d) Notifying the employee in the statement required in paragraph (a), above, that, as a condition of employment under the contract, the employee will—
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the Department of Health, Alcohol and Drug Abuse Division (ADAD) in writing within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to ADAD on whose contract activity the convicted employee was working. Notice shall include the Department of Health, Administrative Services Office (ASO) contract log number of such affected contract;

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, ADAD has designated the following central point for receipt of such notices:

Department of Health, Alcohol and Drug Abuse Division
 601 Kamokila Boulevard, Room 360
 Kapolei, HI 96707

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted—
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

Failure to comply with this policy may be considered a violation of the contract and may result in suspension of payments or termination of the contract. Please refer to ADAD's written policy regarding Drug-free Workplace Policy Requirements Affecting Contracted Providers for more information.

In addition to the above requirements, ADAD recommends that the Drug-free Policy be written to include the following, based on The National Clearinghouse for Alcohol and Drug Information (NCADI) recommendations:

- (1) *Rationale*, including the reasons for the policy, what the policy is designed to do, and how it was developed;
- (2) *Expectations and Prohibitions*, including the employee behaviors that are expected, and exactly what substances and behaviors are prohibited;
- (3) *Consequences and Appeals*, including precisely what will happen if an employee violates the policy, procedures for determining if an employee has violated the policy, and how appeals will be handled; and
- (4) *Benefits and Assurances*, including efforts to help employees comply with the policy, how requests for help will be handled, how employee confidentiality will be protected and how fairness and consistency will be maintained.

If further assistance is required to develop a suitable Drug-free Workplace Policy, please contact the Center for Substance Abuse Prevention's (CSAP) Workplace Hotline at 1-800-WORKPLACE.

Organization Name

Name of Authorized Representative

Title

Signature

Date

**ASSURANCE
Of Compliance with SAMHSA Charitable Choice
Statutes and Regulations**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

The undersigned APPLICANT agrees that it will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutory provisions of sections 581-584 and 1955 of the Public Health Service Act (codified as 42 U.S.C. "290kk, et seq., and 300x-65) and their governing regulations at 42 C. F. R. parts 54 and 54a, respectively.

Organization Name

Name of Authorized Representative

Title

Signature of Authorized Representative

Date

ATTACHMENT F: APPLICANT GUIDE

**TO RECEIVE A COPY OF
ATTACHMENT F, APPLICANT GUIDE
PLEASE CALL ADAD AT
(808) 692-7517**